Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MARYLAND STATE DEPARTMENT OF HEALTH

	16498	No.		CERTIFIC	ATE OF	DEATH			1649	97
Ī	. PLACE OF DEATH						Where deceased			before odmission)
	o. COUNTY An	ne Arundel		MARYLAN		STATE Marv	land	b. COUNT	HODE	Haurdel
1	b. CITY OR TOWN ( write RURAL and	If outside corporate limit digive negrest town) DWNSVIIIE	s,	c LENGTH OF STAY IN 18	c. (II	Y OR TOWN (If ou		limits, write RUR	AL ond give r	neorest town)
ı	d. NAME OF HOSPIT	AL OR INSTITUTION (If no	ot in hospitol	, give street oddress)	d. ST	REET ADDRESS				e. IS RESIDENCE ON A FARM?
	Crowns	ville Stat	e Hos	pital		Box 1	98 R1	t. 3		YES NO X
	B. NAME OF DECEASED (Type or print) #:	305 <b>1</b> 5	Lola	Middle Scott	АЬ	ernathy	4. DATE OF DEATH	Month 12		Doy Year 8 19 <b>66</b>
1	Female	6. COLOR OR RACE	7. MARRIEI WIDOWE			OF BIRTH 1/1891		GE (In yeors ost sirthdoy) yrs.	Months C	YEAR IF UNDER 24 HRS. Doys Hours Min.
	Oo. USUAL OCCUPATION during most of working	(Give kind of work done life, even if retired)	10b.	KIND OF BUSINESS OR INDUSTRY		North Ca			12. CITIZ COUN	TEN OF WHAT NTRY? USA
	13. FATHER'S NAME				14. /	NOTHER'S MAIDEN	NAME	0		1 11
	William Scott					Ter	mpie	1	111	UTIM
T	15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown) (If yes give wor or dotes of service)			6. SOCIAL SECURITY NO.	17. INFORM	ANT		Addres	5	
	(Yes, no, or unknown)	(It yes give wor or dotes of	or service)	Unknown		Hospita	al Reco	rds		
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying cause lost.  (c)  Conditions of the underlying cause lost.								VEATS	
	PART II. OTHER SI	GNIFICANT CONDITIONS	G TO DEATH BUT NOT RELATED	TO THE TER	MINAL DISEASE CON	NDITION GIVEN I	N PART 1(o)	2 190	19. WAS AUTOPSY PERFORMED?	
1	Chronic	Brain Sy	ndrom	e due to Cer	ebral	Arterio	osclero	sis		YES NO
	20o. ACCIDENT WA OR CONTRIBUTING			DESCRIBE HOW INJURY OCCUR						
	20c. TIME OF INJ		Wh			NJURY (Home, form et, office bldg., etc.)		City or town)	(Count	ty) (Stote)
	21. I certi	fy that (I) (this has eceased aliye an_	ipital) atte	ended the deceased fra 19 <u>66</u> , and	m 10/1 that deat					that (I) (we) la date stated above
	22q. SIGNATURE 22t. PHYSICIAN'S NAME (Type	222. PHYSICIAN'S 226. DATE SIGNED 12/8/66								
		HILDEGAR		rd Reissman,						tal, Md.
	230. BURIAL, CREMATION REMOVAL (Specify	2/2-1	SK 6	23c. NAME OF REMETER	OR CREMAT	Dely	Wa	COLL	3W	Wy Will
	24. FUNERAL DIRECTO	Reese #	:108	1) Wash	glon	SY. 250. RECU	C 1 2 1	966 ZSb. REG	SISTRAR'S SIG	s Judge

2 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending ethysician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. In the place remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital ar attending physician. VR A15 (4) 20 M 1/66

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending pusician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Hear please remove carbon papers. Pages A and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1549 CERTIFICATE OF DEATH

1. PLACE DF DEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Re a, STATE b. COUNTY b. COUNTY	sidence before admission)
A.A. CO MARYLAND	Md AH	. 6
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
GIEN BURNIC	GleN BURNIE	001
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Thelma Ave.	Thelma Ave,	YES NO
3. NAME OF DECEASED (Type or print) BLANCHE / ANGE	Last 4. DATE Month OF DEATH DEC	Day Year 1966
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8	B. DATE OF BIRTH 9. AGE (In years   IFUNDER 1 last birthday)   Months	Days Hours   Min.
samole white WIDOWED DIVORCED []	////88/ /9 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY		TIZEN OF WHAT UNTRY?
Housewife	MARY/AND	-15,
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	10
Thomas J. Kelley	MARY Jettrey	- A-A12
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT	#
Don	VAID ANGOLL 46 HOLMEHURS 7	Ave "28
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Caletta	melletue	ONSET AND DEATH
260 X DUE TO		
Conditions, if any, which (b)		
gave rise to immediate (		
underlying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRRED. (Enter nature of Injury In Part I or Part II of Item 18.	)
	CE OF INJURY (Home, farm,   20f. (City or town) (Cou	nty) (State)
Hour a.m. While Not While	ry, street, office bldg., etc.)	
	11-15 , 166 , to Beath, 19	that (I) (we) last
21. I certify that (I) (this hospital) attended the deceased from	t death occurred at 724M, from the causes and on the	
saw the deceased alive on 1906, and that		ATE SIGNED
(1/200 B. Tota DMD	ATTENDING MED. STAFF DIRECTOR PHYS.	15/66
22c. PHYSICIAN'S NAME (Type).	22d. ADDRESS	1 00
WAYNE B. late	108 COMRAL Five G/4	Durenie my
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	1 - Card DalT 1	inty) (State)
BURIA 12/7/66 DRUID RIO	25a. REC'D BY REGISTRAR   25b. REGISTRAR	SSIGNATURE
ELMANARR 301 FREDERICK	AVE DEC 8 1966 Policy	les judge
CATOWSVILLE	MA I DATE OLO	

40101 - 10101 45 BLANCHE I PLYBERTY SEE SHOWERS THE RESERVE AND THE PARTY OF TH Down of may offer the date have I there Dictate modelles 1 year 60 11. 12 April-Chapa B to a my VORMINE TO TAKE VOY COME OU PARE GIVE GOVE The Day of the Contract of the

THE PROPERTY OF STATES

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1650	0		CERTIFIC	CATE	OF DEATH		10	190	
1.	1. PLACE OF DEATH					2. USUAL RESIDENCE (W	here deceased l			befare admission)
	o. COUNTY	Arundel		MARYLA	ND	o. STATE Maryla	and	b. COUNTY	Anr	ne Arundel
-	b. CITY OR TOWN (If autside carparate limits.		c. LENGTH OF STAY IN			autside carparate limits, write RURAL and give nearest tawn)				
	write RURAL and give nearest tawn)		111111			ilen 8u	rnie		1221	
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)				d. STREET ADDRESS	TEN OR	11176		e. IS RESIDENCE ON A FARM?	
4				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		202 Gler	Dood	(Glen	Cand	
1 2	N. Arundel Hospital  3. NAME OF First			Middle		Lost	4. DATE	Month	narue	Day Year
13	DECEASED				0		OF			
1	(Type or print) Flaworth  S. SEX 6. COLOR OR RACE 7. MARRIED D		Leroy		roold  B. DATE OF BIRTH	DEATH	Decem E (In years	FUNDER 1 Y	18, 19 66 YEAR 1 IF UNDER 24 HRS.	
			7. MARRIED				la	st birthday) 1		Days Haurs Min.
-	Male	White	WIDOWED	DIVORCED		April 8,191		1101	10 6/7/7	ZEN OF WILLY
di				ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County 8			COUN	ZEN OF WHAT NIRY?
	Salesma	an	ENR	Novelty C	0.	Baltimor		yland	U;	5A
13	13. FATHER'S NAME					14. MOTHER'S MAIDEN N	AME			
	Gee	abge Arnol		Julia	San	k				
1	S. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. :	SOCIAL SECURITY NO.	17. II	NFORMANT		Address		
1,	No.	(If yes give war ar dates of None	21	3-03-5045	M	rs. Doris M	1. Arno	ld (wif	e) Sa	ame as #2
F		EATH (Enter anly ane car		(a), (b), and (c).)		0 0	0 -			INTERVAL BETWEEN
3	PART 1. DEAT	TH WAS CAUSED BY:  IMMEDIATE CAUSE	(0)	myora	nd.	ear In I	arche			ONSET AND DEATH
	1420.1	DUE		1	-	2 1				
	Canditians, if any	, which gave }	(b) Cc	whary	1/	hromborse	0			
	rise to immediate cause (a), stating the underlying cause DUE TO									
1	last.	Trying coose	(c) (i)	Mines	cle	roses &	Lune	tens	co	
	PART II. OTHER SIGNIFICANT-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)									19. WAS AUTOPSY PERFORMED?
) I		Farend								PERFORMED?
CFRTIFICATION	20o. ACCIDENT WA	S LINDERLYING D	205 DF	SCRIBE HOW INJURY OCCI	IRRED. (	Enter nature of injury in P	ort Lor Port II o	of item 181		113 11 110
1	OR CONTRIBUTING	CAUSE OF DEATH	200.00	30.1102 11017 110011 0001	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			.,		myes
	(IF EITHER, NUTIFI	MEDICAL EXAMINER) URY Manth, Day, Year	204 16	JURY OCCURRED 2	Oo DI AC	E OF INJURY (Hame, farm,	20f. (Ci	ty or town)	(Caunt	ty) (State)
MEDICAL	Hour o.r	n.	While	Nat While		ary, street, affice bldg., etc.)	201. (6	y ar rawn,	(600)	(Sidio)
1	p.r	n. 19	at war			71		13 111	10 (	7 -1 - 10 1 3 1
				ded the deceased fr	am					£, that (I) (we) last
		eceased alive an_	2/16	19 <u>66</u> , an	d that	death accurred at/	CAUTIM, TI	am causes an		
	22a. SIGNATURE	to,	//	-			MED.	STAFF	22b. DATI	-1 1
	00 700000000000000000000000000000000000	nelis !	Der	olem	M.D	22d. ADDRESS	DIRECTOR L	PHYS.		119/65
	22c. PHYSICIAN'S NAME (Type		Darne	t <b>itio</b> M.D.			rtlev	Rd. Rei	stere	stown. Md.
	1									
23	<ol> <li>BURIAL, CREMATIC REMOVAL (Specify</li> </ol>			23c. NAME OF CEMETE				ON (City or Town		County) (State)
1	REMOVAL (Specify	Dec.2	1,1966	Cedar Hil	.1 0	emetery		lyn RFE		ryland
	24. FUNERAL DIRECTO			ADDRESS			BY REGISTRAR		TRAR'S SIG	
	Richard	V. Single	ton	Glen Burn	18,	Mo. DATE U	EC 23	1956	ney	eles Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dealth. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Poge 4 may be retoined by the hospitol or ottending physician.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or reproval, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	CERTIFICAT	E OF DEATH	)
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: R	esidence before admission)
9	a. COUNTY	a. STATE 7 b. COUNTY A	Λ
	HANG FTYUNGE MARYLAND	Maryland A.	#
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
	M: 11 a 11 a	Glen Burnie	12/
_	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
1	d. HAMLE OF HOST TAL OK HISTITOTION (II not in hospital, give street address)	d. STREET ADDRESS	ON A FARM?
K	nollwood Manor Nursing Home	Dakwood Koad (609)	YES NO NO
3.	NAME DF First Middle	Last 4. DATE Month	Day Year
	DECEASED A	DF 7	11 //
_	(Type or print) MOSE NMI AV	ersa death December	1966
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	14.4 61.46 1.4	1 YEAR IF UNDER 24 HRS.
	WIDOWED DIVORCED	Sep 28 1899 ( last birthday) Months	Days Hours Min.
102	a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country)   12. C	ITIZEN OF WHAT
dur	ring most of working life, even if retired) INDUSTRY	11. BIRT HPLACE (County & State, or foreign country) 12. CO	IINTRY?
	Housewife Home	Valermo Sicily (Ttaly)	0,5,
13.	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	1		
	Joseph Aversa	Unk	
15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, or unknown) (If yes give war or dates of service)	INFORMANT	1.
(10	(11 yes give war or dates of service)	725 Town Brook Dr. Bal	timore 7, Md.
_	140	725 Town Brook Dr. Bal	
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]		ONSET, AND DEATH &
	PART I. DEATH WAS CAUSED BY: Septicemia		E days S
	MMEDIATE CAUSE (a) SEPTICEMIA		2 900/21/1)
	DUE TO T		2
	Conditions, If any, which (b) Inanition		2 years
	gave rise to Immediate		
	underlying course lest	Disease	5 years
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL		119. WAS AUTOPSY
CERTIFICATION	PART II. OTHER STERVIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELI	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3)	PERFORMED?
S	None		YES NO
1	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCI	URRED. (Enter nature of Injury in Part I or Part II of Item 18.	
8	OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
CA	facts	ACE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)
MEDICAL	Mulle Langt white	ory, street, office bldg., etc.)	
Σ	p.m. 19   at work   at work		
	21. I certify that (I) (this hospital) attended the deceased from		(i) (we) last
	saw the deceased alive on 8 Dec 1966, and tha	t death occurred at 201 PM, from the causes and on the	he date stated above.
	22a. SIGNAPORE		ATE SIGNED
	( 12. Oo11K.	ATTENDING MED. STAFF	20 (6
	M.I		C 66
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS SOUTH RIVER MEDICA	AL CENTER
	CHARLES W. KINZER, M.D	EDGEWATER, MARYL	AND 21037
23a			
	REMOVAL (Specify)	7 744	
-00	Burial 14 Dec. 66 New Cathedr	al Cemetery Baltimore Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR	- CLONISTING
24.	. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'	S SIGNATURE
I	Kirkley Funeral Home, Glen Burnie, Md.	DATE DEC 13 1966 Pelia	was Judge
		The GLO I I I I I I I I I I I I I I I I I I I	

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16502

CERTIFICATE OF DEATH

16501

L										
		PLACE OF DEATH  1. COUNTY ANNE ARUNDEL	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE MARYLAND b. COUNTY ANNE -ARUNDEL						
1	b	o. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b		le carparate limits, write RURAL and g	give neorest town)				
	F	write RURAL and give neorest town) t Geo G. Meade, Maryland	10 hours	Bowie, Maryl	land	16-2				
ľ		. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, g	ive street address)	d. STREET ADDRESS		e. IS RESIDENCE				
-	K	imbrough Army Hospital		2604 Spangle	r Main	ON A FARM? YES NO 🔀				
	- [	VAME OF First DECEASED Type or print) Theodore Ande:	Middle rson Baldwin II	Lost 4	DATE Manth OF DEATH December	Doy Year 23 1966				
	s. s	6. COLOR OR RACE 7. MARRIED 3	NEVER MARRIED B.  DIVORCED 2	7 June 1900	9. AGE (In years lgst birthdoy) Manths	ER 1 YEAR   IF UNDER 24 HRS.  B Days Haurs Min.				
	durii		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County & S) Washington		CITIZEN OF WHAT COUNTRY? USA				
1	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE					
	T	heodore Anderson Baldwin	Jr.	Agnes Judge						
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes_no, or unknown) (If yes give war or dates of service) 272-14-1114  17. INFORMANT  Address Jane Baldwin(W) 2804 Spangler Main, E									
-		18. CAUSE OF DEATH (Enter only one cause per line for	(o), (b), and (c).)			INTERVAL BETWEEN ONSET AND DEATH				
1		IMMEDIATE CAUSE (a) PLVO	cardial Infarct	ion		0.002				
		420. DUE TO Conditions, if ony, which gave ) (b)	onary thrombosi	s. Rt circum	flex	10 hours				
1	nse to immediate cause (o), stating the underlying cause (Dispersion of the underlying cause (Dispersi									
	last. (c)									
,	NION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CONDIT	TION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO				
	CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ 20b. DES OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED. (	Enter nature af injury in Par	t I or Part II af item 1B.)	W-ta-2 1-007				
	MEDICAL	Hour o.m. While p.m. 19 of wark	Not While facto	E OF INJURY (Hame, farm, ory, street, affice bldg., etc.)		(County) (Stote)				
		21. I certify that this hospital) ottended the deceased from 2:30AM 23Dec19 66 to 25 23 Dec19 66, that we last saw the deceased alive on 23 Dec 1966, and that death occurred at 2:25AM, from couses and on the date stated above.								
	220. SIGNATURE Carl Pool P. M.D. ATTENDING DIRECTOR PHYS. 22b. DATE 23 DO 25 DATE 27 DIRECTOR PHYS. 22b. DATE 28 DATE 29 DIRECTOR PHYS. 23 DO 20 DIRECTOR PHYS. 23 DO 20 DIRECTOR PHYS. 25 DATE									
		22c. PHYSICIAN'S NAME (Type) CARL S. ROSEN, CPT, MC  22d. ADDRESS  Kimbrough Army Hospital, Ft Geo G.Meade,								
-	23a	BURIAL (REMATION, REMOVAL (Specify)  UP 1 a.1  23b. DATE THEREOF  12/27/66	23c. NAME OF CEMETERY OR CArlington N		23d. LOCATION (City or Town)	(County) (Stote)				
1		FUNERAL DIRECTOR	ADDRESS	2So. REC'D B	Y REGISTRAR 1 258. REGISTRAR	GIGNATURE				
			Washington,		IN 3 1967 M					

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	16583		CERTIFICATE	OF DEATH		16509		
	LACE OF DEATH COUNTY ANNE ARUN	DEL	MARYLÂND	2. USUAL RESIDENCE ( o. STATE MARY)	Where deceosed lived, if instance b. (	VTIALLO	befare odmission) ARUNDEL	
b.	CITY OR TOWN (If autside carpa write RURAL and give negres). FT GEO G MEAT	rate limits, own)	c. LENGTH OF STAY IN 1b		utside corporote limits, write Meade	RURAL and give I	neorest town)	
d.	NAME OF HOSPITAL OR INSTITUT		•	d. STREET ADDRESS 7116-G F	ranzio Loop		e. IS RESIDENCE ON A FARM? YES NO X	
D	NAME OF First DECEASED (Type or print) LESLIE		Middle	Lost BLUE	A.F.	Month ember	Day Year 28 19 66	
S. SI				8. DATE OF BIRTH 27 December	9. AGE (In year lost birthdoy	() Months	rear IF UNDER 24 HRS. Doys Hours Min. 13 11	
durin	USUAL OCCUPATION (Give kind of work done gmost of working life, even if retired)  None  FATHER'S NAME			11. BIRTHPLACE (County & State, or foreign country)  Anne Arundel, Maryland  14. MOTHER'S MAIDEN NAME				
15.	Robert Samuel Blue   Carrie Ann Foster  WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown)   (If yes give wor or dotes of service)   N/A   N/A   Robt S. Blue   same as item #2							
	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED 8Y:  The description of the second of the							
ATION	PART II, OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING	TO DEATH 8UT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(o	)	19. WAS AUTOPSY PERFORMED? YES X NO	
ERI	20o. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING ☐ CAUSE OF DE	ATH	DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 18.	.)		
MEDICAL	20c. TIME OF INJURY Manth, Do Hour o.m. p.m.	19 Whi	le Not While of foct	CE OF INJURY (Hame, farr tory, street, office bldg., etc. 27 Dec	)			
	21. I certify that () ( saw the deceosed alive	this hospital) atte e on20 De	nded the deceased from	10:34 p.m., it death occurred at	106 , ta 28 Dec 11:45M, from caus	ses and on the		
	220. SIGNATURE  M.D. ATTENDING   MED.   STAFF   22b. DATE SIGNED   22b							
	22c. PHYSICIAN'S FRED IN NAME (Type)				GH ARMY HOSP			
230.		n.4,1967	23c. NAME OF CEMETERY OR BALTIMORE, NA	TIONAL CEM.		VE, BALTI		
24.	FUNERAL DIRECTOR		ADDRESS.	2So. REC'	D 8Y REGISTRAR 2Sb	. REGISTRAR'S SIG	NATURE	

JAN

DATE

1967

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicandard completely filled in by the funeral director, page 3 shauld be detached far use as the burial-tronsit permit. Then please remave carbon papers. Pages 1 and should be filed with the State Dept. of Health prior ta burial, crematian, or remaval, and in any event, within 72 haurs affer dept Page 4 may be retained by the haspital ar attending physician.

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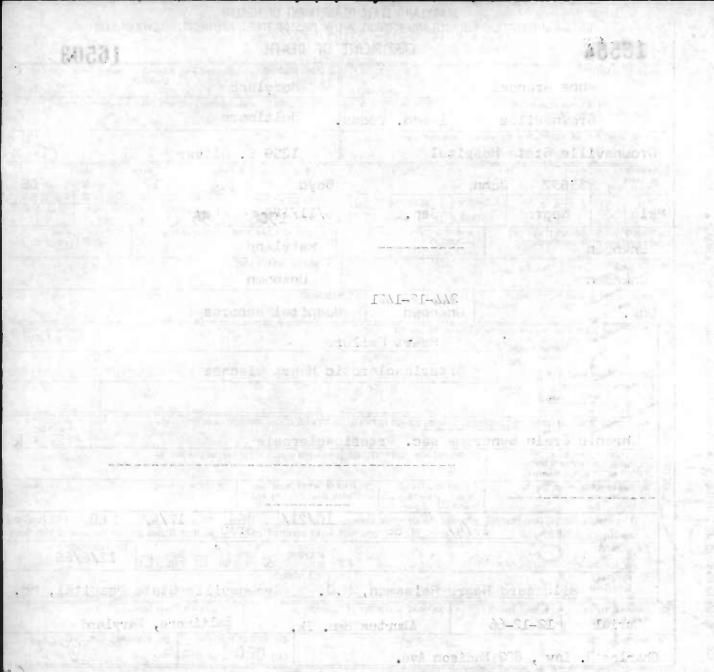
21201

	Division of STAT	TISTICAL RESEARC	H AND	RECORDS,	301 W.	PRESTON STREE	I, BALTIMORE,	MARYLAND :
1650	4	TISTICAL RESEARCE Items #8	& 9 <b>C</b> I	ERTIFICA	ATE O	F DEATH PC		

	16504		CERTIFICATE	OF DEATH		16503		
	PLACE OF DEATH o. COUNTY Anne	Arundel	MARYLAND	2. USUAL RESIDENCE (V	Yhere deceased lived, if institution: R b. COUNTY	esidence befare odmissian)		
	b. CITY OR TOWN (If autside write RURAL and give no	e carporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)  Baltimore				
	d. NAME OF HOSPITAL OR IN			d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?		
	Crownsville	State Ho	spital	1209 E. Oliver				
	NAME OF DECEASED (Type or print) #336	First Joh	Middle	Boyd .	4. DATE Month OF DEATH 12	Doy Year 4 19 66		
		leene	ARRIED NEVER MARRIED DOWED SEP OIVORCED	8. DATE OF BIRTH 1890 6/11/1908	last hirthday) Mo	JNDER I YEAR   IF UNDER 24 HRS. nths   Doys   Haurs   Min.		
	i. USUAL OCCUPATION (Give ki ing most of warking life, even		1Db. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County  Maryland	& State, ar fareign country)	12. CITIZEN OF WHAT COUNTRY? USA		
	FATHER'S NAME Unknown			14. MOTHER'S MAIDEN I				
15. (Ye	WAS DECEASED EVER IN U.S.	ARMED FORCES? ive war ar dates af serv	(ce) 16. 200 M. Special Specia	NFORMANT Hospital Re	Address Scords			
	PART I. DEATH WAS	CAUSED BY:  MMEDIATE CAUSE (a)  DUE TO  gave (b)  Out TO	Heast Failu Arteriosclerot		lsease	INTERVAL BETWEEN ONSET AND DEATH		
TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  Chronic Brain Syndrome sec. Arteriosclerosis							
MEDICAL CERTIFICATION	2Do. ACCIDENT WAS UNDERLOR CONTRIBUTING (C) CAUS	LYING [] E OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED.		Part I ar Port II af item 18.)	YES NO K		
MEDICAL	20c. TIME OF INJURY Man	nth, Day, Year 19		CE OF INJURY (Hame, farm lary, street, affice bldg., etc.)		(County) (State)		
Á	21. I certify that (I) (this haspital) attended the deceased fram 10/21/, 1966, ta 12/4/, 1966, that (I) (we) last saw the deceased alive an 12/4/, 1966, and that death occurred of 3:30 M, from couses and on the date stated obove.							
	22c. PHYSICIAN'S	12/6/66						
		ldagard H	leard Reissman, M	22d. ADDRESS	unsville State	Hospital, Md.		
230	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF 12-12-66	23c. NAME OF CEMETERY OR Aburtus M		23d. LOCATION (City or Town) Baltimore, Max	(County) (Stote)		
24	4. FUNERAL DIRECTOR		ADDRESS	2So. REC'I	BY REGISTRAR 256. REGISTE	AR'S SIGNATUR Judge -		
	Charles R. I	aw . 802 1	Madison Ave.	DATE D	EC 14 1956	00		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. at Health priar ta burial, crematian, or removal, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16505 16504 CERTIFICATE OF DEATH

			***************************************	0. 00	10	1003					
1		PLACE OF DEATH			here deceosed lived, if institution: Residen	ce before admission)					
		o. COUNTY A - A ·	MARYLAND	o. STATE	b. country	- 6					
	1	CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY, OR TOWN (If auts	side corporate limits, write RURAL and give	e nearest tawn)					
	i)	write RURAL and give nearest (own)	10 Teans	ARno	ed c	02.1					
A .	(	1. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, giv		d. STREET ADDRESS	0 - 00	e. IS RESIDENCE ON A FARM3					
)		handwer /Col		French	wer Ra	YES NO					
		NAME OF First	Middle	ast	4. DATE Month	Day Year					
	(	Type or print) LO(1 H /V	HE 13K	OOKS	DEATH 100	-3 1966					
	5. 5	6. COLOR OR RACE 7. MARRIED	NEVER MARRIED   B	DATE OF BIRTH	9. AGE (In years IF UNDER last birthday) Manths	Days Hours Min.					
ď	1	TRIPLE	DIVORCED _	ラートノ	10 96 yrs.						
			O OF BUSINESS OR	11. BIRTHPLACE (County &		UNTRY?					
	12 EATHED'S NAME										
	13. FATHER'S NAME OF AME COOKE										
			CIAL SECURITY NO. 17. 11	NFORMANT 05	Address &	1-1 0 0					
	(Ye	s, no, o (ni nown) (If yes give wor or dates of service)	- Cr	mes SEr	ole Brice 1	Ed Toles					
		1B. CAUSE OF DEATH (Enter only one couse per line for (o	a) (b), and (c).)	-17		INTERVAL BETWEEN ONSET AND DEATH					
		PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)	lovary	ldern		ONSET AND DEATH					
		d / 3 / DUE TO	of the	I faile	~	1 day					
		Conditions, if any, which gave rise to immediate cause (o),	Januar 100	1		1-0/					
		stating the underlying cause									
		last. (c) C	PV - VV - VV	TO TOUR DISCUSS COM	NAME OF TAXABLE PART OF TAXABL	19. WAS AUTOPSY					
	S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RECATED TO T	HE TERMINAL DISEASE CONL	DITION GIVEN IN PART I(a)	PERFORMED?					
	S	ararona of	Co Co Co	F		YES NO					
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ 205 DESC OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED. (	Enter nature at injury in P	an I ar Pon II at Item 18.)						
	MEDICAL	and the state of t		E OF INJURY (Hame, form,	20f. (City or town) (Co	unty) (State)					
	ME	Haur a.m. While p.m. 19 ot wark	Nat While of work	ary, street, affice bldg., etc.)							
		21. I certify that (I) (this haspital) attended	ed the deceased fram	ext. 15		$\mathscr{L}$ , that (1) (we) las					
		suw life deceased drive dil	2 1966, and that	death accurred at	M, fram causes and an t						
		220. SIGNATURE	M.C		MED. STAFF DIRECTOR PHYS. D	ATE SIGNED 1966					
		22c. PHYSICIAN'S	-//-	22d_ADDRESS	MIND.	Di					
		NAME (Type) KAY SMITE	CF	KITCHI	16 HWY JEL	ERVA PU					
	23a	BURIAL, CREMATION, 23b. DATE THEREOF	23C NAME OF CEMETERY OR	REMATORY PO	23d tocation (City or Town)	(County) (Stote)					
		Julian 1000	Usbury 1	uch. Co.	unold	It It ma					
1	24	FUNERAL DIRECTOR	- Selection	1/4	BY REGISTRAR 2Sb. REGISTRAR'S S	IGNATURE					
	1	Touch Kanance -	teu me	PL DEC S	27 1966   Harrier	1					

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removed, and in any event, within 72 hours after death Page 4 may be retained by the hospital or attending physician.

All on cuttings in the state of

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16506

## CERTIFICATE OF DEATH

16505

		CERTITION	2 01 02/1111	1	0000						
. PLACE OF DEATH					ion: Residence befare admissian)						
o. COUNTY	Anne Arundel	MARYLAND	o. STATE	vland b. COUI	Anne Arundel						
h CITY OF TOWN	(If autside corparate limits,	c. LENGTH OF STAY IN 1b		y Larra Itside corporate limits, write RU							
write RURAL ar	nd give nearest tawn)				A TOTAL GIVE HEAVEST TOTAL						
Annay		20 days	RURAL - A	nnapolis	Quel 1						
d. NAME DF HDSPI	ITAL DR INSTITUTION (If nat in I	naspital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE DN A FARM?						
nne Ahund	del General Ho	spital	11 Brice R	oad, Pendennia							
. NAME OF	First	Middle	Lost	4. DATE Mon	th Day Year						
(Type or print)	Elizabet	h Rose	BURNS	OF DEATH December	r 5 19 66						
. SEX	6. CDLDR OR RACE 7. I	MARRIED NEVER MARRIED	B. DATE DE BIRTH	0 AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS						
Female	White w	IDDWED XX DIVORCED	Feb. 21, 18	97 lost birthdoy)	Manths Days Hours Min.						
	11111100	1Db. KIND DF BUSINESS OR		8 State, or fareign country)	12. CITIZEN OF WHAT						
uring mort at working	N (Give kind of work done g life, eyen if retired)	INDUSTRY			COJINTRY?						
77003	ewite		WALTHAM	Massachusett	8 0.5.						
3. FATHER'S NAME	1100		14. MOTHER'S MAIDEN	NAME							
WILLIA	M M = 60	WAN	IVIARY,	NI-GRAT	H						
	'ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Addr							
Yes, no, of unknown)	(If yes give war or dates af sen	325-28-5740 M	PAI	11104 #2							
LID CAUSE OF F	DEATH /February and annual and		10. /1. // · h	IN CH	INTERVAL BETWEEN						
	<b>DEATH</b> (Enter anly ane cause pe ATH WAS CAUSED BY:		10.1.1		DNSET AND DEATH						
100	IMMEDIATE CAUSE (o) _	Carcinoma of	klad of pa	ucreas	untinow						
10/1	DUE TD										
Conditions, if an											
stating the und											
last.											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS											
2Da. ACCIDENT W. DR CONTRIBUTION					PERFORMED? YES NO						
2DO ACCIDENT W	AS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in	Part Lar Part II of item 18.1							
DR CONTRIBUTIN	G CAUSE DF DEATH	205. DESCRIBE HOW INJURY OCCURRED	. true natore at milary III	ron ron ron n dr nent 10.)							
THE CHILLEN, NOTH	Y MEDICAL EXAMINER)			L ont							
20c. TIME OF IN	JURY Month, Day, Yeor		ACE DF INJURY (Hame, farn ctory, street, office bldg., etc.		· (County) (State)						
E 11001 0	.m. 19	at work at wark	-								
21. I cert	21. I certify that (I) (IDEC 1000) attended the deceased from Sept. 23, 1966, to Dec. 5, 1966 that (I) (NOC) last										
	deceased alive onDe		at deoth occurred at	M, from causes	ond on the dote stoted obo						
220 STGNATUR		0	12	:50 PM	22b. DATE SIGNED						
1610	ATTENDING MED. STAFF										
22c. PHYSICIAN	ward fold	suuan "	22d. ADDRESS	DIRECTOR 1 TITIS. L	12/6/60						
NAME (Typ	e) Richard I. I	lochman, M.D.		in St., Annapo	ohis, Md.						
23a. DURM, CREMAT		MINELLAKME	CREMETER	23d. LDCATION (City or To							
	# 12-8-1	166 LITTLE CHAPEL	BY THE SEA	PACIFICO							
24. FUNERAL DIRECT	gr .	ADDRESS	2Sa. REC'		EGISTRAR'S SIGNATURE						
NOUNI A	1 Taile oc	7 11	MA	DEC 7. 1966	Minutas Judge						

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. deon **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending paysician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Their please remove carbon papers. Pages A and should be filed with the State Dept. of Health prior to burial, cremation, or emperal, and in any event, within 72 hours after deat Poge 4 may be retained by the hospital or attending physician.

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100 11 99	,			Arks.	
	t. August 1		. H. W. garante	nn	
					15. 10 galant and

16507 CERTIFICATE OF DEATH

I	. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
1	· COUNTY ANNE ARUNDER MARYLAND	o. STATE MARUCAND b. COUNTY ARUNDER
	b. CITY OR TOWN (if outside corporate limits, write RURAL app give nearest town) (	c. CITY OR TOWN (V oulside corporate limits, write RURAL and give neerest town)
	CROFTON MONTHS	CROFTON
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS. 1646 DRYDEN COULT ON A FARM?
0	1646 DRYDEN COURT	1646 DALYDEN COURT ON A FARM? YES NO I
	3. NAME OF First Middla DECEASED	Lest 4. DATE Month Dey Year
		ALCAHAN DEATH DEC 1 1966
ı	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Days Hours Min.
	1-emale White   WIDOWED   DIVORCED	San 13-18/1 89 yrs. Monins Days nours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, evan if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	CLERK VEPT. DIORS	KED BANK PA. U.S.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	INICHAEL (ALLA ITAL	ROSEANN MI-CLYNCH
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. (Yes, ng/ or/unkown)   (Ifyesgivewarordatesofservice)	INFORMANT Address
	No - M	RS. REGINALD GERACI #2
	18. CAUSE OF DEATH  Enter only one causa per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a)	eum arlan far will hours
	4dd DUE TO A to	Can Can Can Can
	Conditions, if any, which (b) Wellinelevite	e lavororascular di reage Jean
	gave rise to immediate cause DUE TO	
	cause last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
)	3 Lemby	YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  Secretary  20b. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRING OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Part II of item 18.)
		ACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State) fory, street, office bldg., etc.)
	Hour e.m.    While   Not While   Port   Not While   No	(art) and article or
	21. I certify that (I) (this hospital) attended the deceased from.	Nev , 1966 to Dec , 1966, that (1) (we) last
	saw the deceased alive on Dec 1 19.66, and that	death occurred at
	22a. SIGNATURE	ATTENDING MED. STAFF
	/ lus aule and	I.D. PHYS. DIRECTOR PHYS. 12/2/66
,	22c, PHYSICIAN'S NAME (Type) 11112 C CONTENT	22d. ADDRESS CROFTON MED. GROUP
Ī	MAX CI-RANKING	CROFTON MD 21113
	236. NAME OF CEMETERY  DEMOVAL REPORT 12-5-66 ST CATHERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	JOHN M. TAYLORISONS HUNAPOLIS	MD DATE DEC = 1056 Policyla Judge

VR A15 (4) 20M 5-63

TO HOSPITAL OR ATTENDING PHYSICIAN:

death. Page 4 may be retained by the hospital or attending physician.

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The law requires that the death certificate be executed within 24 hours after

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DIVISION OF STA	MARYLAND STATE DEPARTMENT OF HEALT	
16509	CERTIFICATE OF DEATH	16507
PLACE OF DEATH	2. USUAL RESIDENCE (Where de	eceased lived, If institution: Residence before

1650	9		CERTIFICAT	E OF DEATH			6507			
	e Arundel		MARYLAND	2. USUAL RESIDENCE a. STATE Maryl	E (Where decease	b. COUNT		ce before a	admission)	
b. CITY DR TDV write RURA Stony	WN (if outside corpora L and give nearest to each	ate limits, wn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corpora	ate limits, write	RURAL and g	lve neare	ast town)	
d. NAME OF HE			ospital, give street address)	d. STREET ADDRESS	Fernhill	Road		e. IS RE ON A	SIDENCE FARM? NO [	
3. NAME OF DECEASEO (Type or print)		irst	Middle S.	Last	4. OATE OF OEATH	Month Decembe	Da r 6	y Ye	ear	
5. SEX Female	6. COLOR OR RACE White		NEVER MARRIED	8. DATE OF BIRTH July 26, 190	la	GE (In years IF MODE) THE STATE OF THE STATE	UNDER 1 YEA lonths Days			
10a. USUAL OCCUPA during most of wor Cook	ATION (Give kind of work king life, even if retire	(done 10b. K	IND OF BUSINESS OR NDUSTRY Diner	11. BIRTHPLACE (C		foreign country)	12. CITIZEI CDUNTF	OF WHA	(T	
13. FATHER'S NAI		s		14. MOTHER'S MAIL	Theresa	a Co	nners			
15. WAS DECEASED (Yes, no, or unkown) No	EVER INU.S. ARMED F (If yes give war or dates None	DRCES? 16. of service)		. William M.	Shanaha	Address an 2022	Fernh	ill F	Rd.	
	DEATH [Enter only of DEATH WAS CAUSED B IMMEDIATE CAUSE	Y:	ine for (a), (b), and (c).]	ronanjo	cclusi	~		ERVAL B ISET AND	DEATH	
Cenditions, If gave rise to	immediate (	(b) E TO	arterioso	lerate a	Linea	as cula	1 4	ras	7	
cause (a), underlying cau PART II. OTHER	use last.	(c)	UTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL I	DISEASE CONDIT	ION GIVEN IN PA	ART 1(a) 19		AUTOPSY ORMED?	
PART II. OTHER  2Da. ACCIDENT  DR CONTRIBUT  (IF EITHER, NO	T WAS UNDERLYING TING CAUSE OF DE	TH INER)	DESCRIBE HOW INJURY OCC	URRED. (Enter nature o	f injury in Part	l or Part II of		YES 🗌	ND [	
								(State)		
	eceased alive on	spital) attend	ed the deceased from, and that	at death occurred at 12.6 M, from the causes and on the date stated above						
22c. PHYSIC NAME (	HCUM IAN'S Type) HEND	RYAL	MANAS M.		MED. DIRECTOR D	STAFF D	alto 2	3/M	d.	
23a. BURIAL, CRE REMOVAL (S Burial	pecify)	THEREOF	23c. NAME OF CEMETER			TION (City, tow	on or county)	(3	State)	
24. FUNERAL DIF		1	Butter my	25a. RE	C'D BY REGISTR	AR   25b. REG		NATURE	ge	

1/65 VR A15

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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Living 15/9/1500 | Low on Card Con tary Bullingre, Fig.

3 PHE 6 P. 1911

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1)	4	16510	CERTIFICATI	E OF DEATH	165	08
		PLACE OF DEATH  G. COUNTY ANNE ARUN	DE4 MARYLAND	a. STATE M	e deceased lived, if institution: Resider b. COUNTY AND	nce before admission)  VE ARUNDEL
		b. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	7109 C	carparate limits, write RURAL and giv	1. 02.1
33	H	d. NAME OF HOSPITAL OR INSTITUTION (If nat in I	GENERAL HOSP	d. STREET ADDRESS ANNAPO	2415	e. IS RESIDENCE ON A FARM? YES NO
)	1	NAME OF DECEASED (Type or print) MARGARET JC	OHNS SKINNER	CARR 4.  B. DATE OF BIRTH	DATE Manth OF DEATH  9. AGE (In years IFUNDER	19 19 66
	Fa	or control of the con	MARRIED NEVER MARRIED ID NOVER MARRIED I	Sept. 6, 189	7 69 yrs. Months	Doys Hours Min.
	duri	ing most of working life, even if retired)  FATHER'S NAME	INDUSTRY GOUT.	11100	LAND "	OUNTRY? A.
		JAMES H.  WAS DECEASED EVER IN U.S. ARMED FORCES?	CARR 16. SOCIAL SECURITY NO. 17.	EL12A	WOOD	1 8042.7
	(Ye	(If yes give war ar dates of sen	(ice)	VART CARR	BRANDYWINE,	MD.  INTERVAL BEJWEEN
		1B. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Carry of Cur	rent failure		ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause (c)	Cevenary	hand deserve	0	yees.
()	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITI	ON GIVEN IN PART 1(0)	19. WAS AUTDPSY PERFORMED? YES NO
	CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part	1 or Part It af item 1B.)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19	While Not While of wark of wark	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)		ounty) (Stote)
		21. I certify that (I) (this haspita saw the deceased alive an	1) attended the deceased fram_ 2 12 1966, and the	at death accurred at 2	M, fram causes and an	
		22a. SIGNATURE General Che	ne M	I.D. ATTENDING MED PHYS. DIR	D. STAFF CECTOR PHYS	2/19/66
1	00	NAME (Type)   Guntin		121 CA	THON XIR ST.	MONTHORISMO.
8		D. BURIAL, CREMATION, RIMOVAL (Specify)  J. FUNERAL DIRECTOR		/ 1/	CROOM FO	(County) (State)
Du	4	VNTT FUNGRAL	HOME, WALDOR	F. MD DATE DE	0 1000 11771	wer Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fülled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death Page 4 may be retained by the haspital or attending physician.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1651	\$		CERTIF	FICATE	OF	DEATH				1	65	09	
	PLACE OF DEATH o. COUNTY	Anne Arunde	el	MAR'	YLAND	2. <b>USU</b> a. ST	RESIDENCE (W	there deco		f institution b. COUNT	Υ		odmissio unde	
	write RURAL and	If outside corporote limi d give necrest town) nnapolis		c. LENGTH OF STAY		c. CITY	OR TOWN (If out		arate limits,	write RURA	L and give		tawn)	
		at or institution (if n		give street address)		d. STREI	T ADDRESS 28 East	Str	reet				ON A FA	
1	NAME OF DECEASED (Type or print)	Marie	irst B	Middle Michele	Ça		et is	4. DATI OF DEAT		Month	mber	Day	Yeo	
	sex emale	6. COLOR OR RACE White	7. MARRIED WIDOWED			Apri	1 9, 18	397	9. AGE (In last birt		Months Months	Days Days	Haurs	Min.
duri	ing plant of working	(Give kind af wark dane life even if retired)	10b. 1	KIND OF BUSINESS OR NDUSTRY HOME		1	HPLACE (County leaves of the county leaves of the c	I				TIZEN OF UNTRY?	WHAT	
	LIBE!		GAGI	LIARDI		I:	HER'S MAIDEN N		B	ARA	381	PI		A
		R IN U.S. ARMED FORCES? (If yes give war or dates		. SOCIAL SECURITY NO.		ANT	HONY 1	PAT.	2115	. •	MIF			ILL
	Canditions, if any rise to immediat stoting the under	e couse (a), rlying cause	(b) (c)	More a	rd	ie	edn Fa	facil	rel	is	1	S	da	FATH
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19. YE  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)								WAS AUTO PERFORM S	NO Z				
	OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)									If ou	lyte.		State
MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur o.m.  20d. INJURY OCCURRED While at work at										24			
		fy that (I) XIXIXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Park atter	nded the deceased 2 ~19 CC,		ATTEN		MED.	My fram	IFF _	nd an th			
	22c. PHYSICIAN'S NAME (Type		HI	LEY	m.D		ADDRESS 121 Cat				Anna	apol	is,	Md.
	BURIAL, CREMATIC	12/6/	IEREOF 1966	U.S. NAME OF CEM			EM.	Au	LOCATION (C	0415	A	(County)	s. K.	ote)
	FUNERAL DIRECTO	TOVIDE	Saula	ADDRESS	201	110	2So. REC'D			2Sb. REG	STRAP'S SI		Qued	ele

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permic. Then please remave carban papers. Pages Lanh 2 should be filed with the State Dept. of Health prior to burial, crematian, at removal, and in any event, within 72 hours after death Page 4 may be retained by the haspital ar attending physician.

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TO HOSE TAKE OR STEWART OF STREET

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
16512
CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission
a. COUNTY Anne Arundel MARYLAND	a. STATE b. COUNTY Maryland Anne Arundel
b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town
	Anneadia Wi
Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Annapolis, Md.
	ON A FARM?
U.S. Naval Hospital, Annapolis, Md.	95 Franklin Street YES NO X
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print)   Sabelle Miller	COCHRAN December 14 1966
5. SEX 6. COLOR DR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In years   FUNDER 1 YEAR   FUNDER 24 HR
Fomelo Coura I was I	August 14, 1891 75 yrs. Months Days Hours Min
1Da, USUAL OCCUPATION (Give kind of work done   1Db, KIND OF BUSINESS DR	1 11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	AUNA-DOLIS MD COUNTRY? U.S.A.
Housewife Home	14. MOTHER'S MAIDEN NAME
Dilia T M'11-0	Dispinion April
THILD J. MILLERS	URGINIA PTICNO!
(Vac un an introver) ((Muse also was as dates of assets)	INFORMANT / Address ## 0
(1es, no, or unknown) (1f yes give war or dates of service)	HAMUL LOCARAN TO
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. OEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) CARCING MA OF	= ENDOMETRIUM OF
1 7 7 7	
Conditions, If any, which	
gave rise to immediate	
cause (a), stating the DUE TD	
underlying cause last. (c) PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTDPSY
FART II. D I REK SIGNIFICANT CONDITIONS CONTRIBUTING TO CENTR BUT NOT REEN	PERFORMED?
019	YES X NO
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELA  20a. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCU BY CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)
2Dc. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   20e. PLAC   Hour a.m.   P.m.   19   At work   at work   19   At work   2Dd. INJURY OCCURRED   20e. PLAC   factor   factor   19   At work   2Dd. INJURY OCCURRED   20e. PLAC   factor   19   At work   2Dd. INJURY OCCURRED   20e. PLAC   factor   19   At work   2Dd. INJURY OCCURRED   20e. PLAC   factor   19   At work   2Dd. INJURY OCCURRED   20e. PLAC   factor   19   At work   2Dd. INJURY OCCURRED   20e. PLAC   factor   19   At work   2Dd. INJURY OCCURRED   20e. PLAC   factor   2Dd. INJURY OCCURRED   20e. PLAC   4Dd. INJURY OCCURRED   20e. PLAC	CE DF INJURY (Home, farm, 2Df. (City or town) (County) (State) ry, street, office bidg., etc.)
Hour a.m.  p.m.  19   While   Not While   ractor	y, street, onice bidg., etc./
	October, 1966 pto 14 December 1966, that (I) (we) las
21. I certify that (i) (this inspiral) attended the deceased from 25	death occurred at 1948M, from the causes and on the date stated above
22a. SIGNATURE	22b. DATE SIGNED
Mahallandella	ATTENDING - MED STAFF
22c. PHYSICIAN'S M.O.	PHYS. DIRECTOR PHYS. 122d. ADDRESS
NAME (Type) PARRY JOHN COUGHLIN	U.S. Naval Hospital, Annapolis, Md.
23a. BURNAL, SREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
CREMATION 12-10-66 IFT, HINCOLK	BLADENSBURG MD.
24. FUNERAL DIRECTOR ADDRESS Annapolis, Md.	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
John M Taylor & Sons Duke of Clausester	C. DEC 19 1966 Williamles Jusas

TO FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, be removal, and in any event, within 72 hours after death, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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death. Page 4 be retained by the hospital or attending physician.

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

						- 11	:51	1	
PLACE OF DEATH		2. USUAL RES	IDENC	E (Where de			Residen	before .	dmission
COUNTY		e. STATE	7		b. col				
Anne Arundel	MARYLAND	Mary				ne Am			· · · ·
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	GTH OF STAY IN 16	c. CITY OR TO	WN (B	outside corp	orete limits, wr	te RURAL e	nd give i	neerest tov	vnj
St. Margarets		Edge	wate	779			(	2	/
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give	e street eddress)	d. STREET ADI	DRESS		-				ESIDENCI
			_						A FARM
Bay Manor Nursing Home		Rt 4	Box	20					NO _
NAME OF First	Middle	Last		4. DATE	Mor	th	Dey	Yes	r
(Type or print) Edward	Col	linson		DEATH	Dec		5	19	66
SEX 6. COLOR OR RACE 7. MARRIED X NE	VED MARRIED 1 8.	DATE OF BIRTH		9.	AGE (in year	S   IF UNDER	1 YEAR	IF UNDER	24 HRS
			1		last birthdey	Months	Deys	Hours	Min.
male white WIDOWED	DIVORCED	May 23.1	894		72 yrs.				
. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	USINESS OR INDUSTRY	11. BIRTHPLACE	Count	& State, or	foreign countr	1) 12. C	ITIZEN O	F WHAT	COUNTRY
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etired - farmer own fa		Edgewate	I NOTEN A	LA A UO	Ma.	U	SA		
TATILE S NAME		a. MOTHER 3 M	ADÇIN I	IAME					
John Collinson		Mary E	747	heth	Brewer				
WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL	SECURITY NO. 17. IN	FORMANT			Addre	\$5	100		
es, no, or unkown) (ifyesgive wer or detesof service)									
no 214-16	-3856 Mrs.	Mary M.	Col	inson.	-wide	same_		2 abo	ve
			-					ERVAL BE	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	ASCA 1	THRON.	27	051.	5			10 HO	ver.
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(e), steting the underlying course lest.							10.00		
10	IG TO DEATH BUT NOT	DELATED TO THE	TEDAMIN	AL DISEASE	CONDITION G	VEN IN DA	PT 1(a)   1	9. WAS	LITOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	O TO DEATH BUT NOT	KELATED TO THE	TERMIN	ME DISENSE	CONDITION G	A ELA IIA EV	K1 1(0)	PERF	
								vec [7]	DKWEDI
								YES _	NO A
20e. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HO	OW INJURY OCCURED.	Enter nature of ini	ury in P	ert I or Part II	of item 18.)			162	
OR CONTRIBUTING [] CAUSE OF DEATH	OW INJURY OCCURED.	Enter nature of inj	ury in P	ert I or Part II	of item 18.)			TES [	
	OW INJURY OCCURED. (	Enter nature of inj	ury in P	ert I or Part II	of item 18.)			TES	
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STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16514 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) b. COUNTY Anne Arundel o. COUNTY o. STATE Maryland Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 16 days Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Annapolis Nursing & Conv. Center P.O. Box YES NO IV 3. NAME OF Middle Lost 4. DATE Month Doy Year DECEASED Collison James December 66 19 (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours Aug. 4. 1891 Cauc. WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Merchant Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME James B. F. Collison Ida Gardiner 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no or unknown) (If yes give wor or dotes of service) Mrs. Robt. Mitchell, P.O. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPS' PERFORMED? NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Dov. Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work 21. 1 certify that (1) (this haspital) attended the deceased fram. 19. 19 66 to Dec. 19 66 that (I) (we) last 19.66, and that death accurred at 2:15PM, from causes and an the date stated above. saw the deceased alive an Dec. 5 22o. SIGNATURE 22b. DATE SIGNED 1-8-60 M.D. DIRECTOR PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Albert L. Anderson, M.D. 44 Southeate Ave. Annapolis. 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF LOCATION (City or Town) (County) (Stote) REMOVAL (Spenty) NAPOLI 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR

death. and uneral ampletely filled in by the fur ve carban papers. Pages 1 event, within 72 haurs after OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after remove carban crematian, ar remova permit. signed by the burial-transit p Page 4 may be retained by the haspital ar attending physician. burial, peen detached far use as the re Dept. af Health priar ta this certificate has State After page 3 shauld to FUNERAL DIRECTOR: directar, page shauld be filed 0

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attentions on signal and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 16513 CERTIFICATE OF DEATH

1. PLACE OF DEATH  9. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. STATE b. COUNTY					
Anne Arundel MARYLAND	a. STATE b. COUNTY Anne Arundel					
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b	c. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town)					
Davidsonville	Davidsonville OR,/					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   e. IS RESIDENCE					
Covernante Duidee Dand	Governor's Bridge Road YES X ND					
Governor's Bridge Road  3. NAME OF First Middle	Governor's Bridge Road YES X ND L					
DECEASED (Type or print) Frank W.	Colona Death December 1 1966					
5. SEX   6. COLOR DR RACE   7. MARRIED   NEVER MARRIED	8. DATE DE BIRTH 19. AGE (In years   IF UNDER 1 YEAR) IF UNDER 24 HRS.					
Male Cau. WIDDWED DIVDRCED	March 10, 1899 67 yrs. Months Days Hours Min.					
10a, USUAL DCCUPATION (Give kind of work done   10b, KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN DF WHAT					
during most of working life, even if retired)  Lawyer— Retired  Banking	Parksley, Virginia USA					
13. FATHER'S NAME	1 14. MDTHER'S MAIDEN NAME					
Edward Colona	Bert White					
	INFORMANT Address					
Yes   (Yes, no, or unknown)   (If yes give war or dates of service)   224-22-4331   M	irs. Dorothy T. Colona Same as # 2 Above					
	I INTERVAL BETWEEN					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH					
IMMEDIATE CAUSE (a)	Celusin					
1001 DUE TD						
Conditions, If any, which (b) English has	tigy disease @ hypertrism					
gave rise to immediate cause (a), stating the DUE TO						
underlying cause last. (c) Thistigued h	Muselavier					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?					
[A]	YES ND					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCC DR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of Injury In Part I or Part II of Item 18.)					
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PL	ACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)					
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PL	ory, street, office bldg., etc.)					
21. I certify that (I) (this hospital) attended the deceased from	august, 1966, to bee 1, 1966, that (1) (we) last					
	at death occurred at <u>G. M</u> , from the causes and on the date stated above.					
22a. SIGNATURE	22b. DATE SIGNED					
Emily H. Wen M.	ATTENDING MED. STAFF DIRECTOR PHYS. 12/1/66					
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS					
Dr. Emily Wilson						
23a. BURIAL, CREMATIDN, 23b. DATE THEREDF 23c. NAME DF CEMETER REMDVAL (Specify)	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)					
Burial Dec. 3, 1966 All Hallows	Chapel Davidsonville A.A. Md.					
	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
	1d. DATE DEC 5 1986 Yellarles Judge					
The Mean of the Mean Do.						

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201								
16516	CERTIFICATE	OF DEATH		16514				
O. COUNTY A.A.CO.	MARYLAND	o. STATE	here deceosed lived, if instituti b. COUN	an: Residence before admission)				
b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest flown)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outs	side carporote limits, write RUR	ALL and give neorest town)				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g	ive street oddress)	d. STREET ADDRESS	est De	e. IS RESIDENCE ON A FARM? YES NO				
3. NAME OF DECEASED (Type or print) JOSEPH	W. Middle Coc	K Ss.	4. DATE Mant OF DEATH	1966				
S. SEX  6. COLOR OR/RACE  7. MARRIED  WIDOWED	NEVER MARRIED   8.	8-1-1888	9. AGE (In years birthday) yrs.	IF UNDER 1 YEAR   IF UNDER 24 HRS   Manths   Days   Haurs   Min.				
	NO OF BUSINESS OR DUSTRY FLOWERS	BALTIMO	State, ar fareign country	12. CITIZEN OF WHAT COUNTRY?				
JOSEPH A. COOK		LAURA	V. PENNSA	11+14				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, prunknown) (It yes give war ar dotes of service)	SOCIAL SECURITY NO. 17. IN 17. IN Lil	LIE M C	60K #	2				
to action on promise or	4 3 413 4 4 3 3			INTERVAL DETIMEEN				

completely filled in by the funeral nove corbon papers. Pages 1 and and in ony event, within 72 hours after remove corbon papers. signed by the attending physician and buriol-tronsit permit. Then please rem oval, buriol, cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY: Prostale IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove (b) rise to immediate cause (o), DUE TO stating the underlying couse lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES 🗍 NO

director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL TIME OF INJURY Month, Day, Year Hour o.m. 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or tawn) (County) (Stote) Nat While foctory, street, affice bldg., etc.) While at work ot wark 19.66, that (1) (we) last 21. I certify that (I) (this hospital) oftended the deceased from 3 and that death accurred at S M, fram causes and an the date stated above. saw the deceased alive an 220. SJENATURE 22b. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR STAFF K M.D. PHYS.

22d. ADDRESS 22c. PHYSICIAN'S NAME (Type)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

(County)

(Stote)

23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d AOCATION (City or Town) REMOVAL (Specify)

FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE lianles 1966 DEC 9

O HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours after death. Page 4 may be retoined by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been VR A15 (4) 20 M 1/66

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

requires that the death certificate be executed within 24 haurs after death

and campletely filled in by the funeral remove carban papers. Pages 1 and remove within 72 haurs after death

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signed by the attending burial-transit permit. Th

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TO FUNERAL DIRECTOR: After

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CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) b. COUNTY o. COUNTY o. STATE Anne Arundel Maryland Anne Arundel MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)

Annapolis c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL - Severn Ridge Road, Annapolis D.O. A. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)

Anne Arundel General Hospital d. STREET ADDRESS ON A FARM? SEVERN YES NO Middle 4. DATE 3. NAME OF First Lost Doy DECEASED CRISP December Allen 66 19 DEATH (Type or print) 8. DATE OF BIRTH AGE (In years last birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months Hours White Male Feb. 6. 1889 WIDOWED DIVORCED 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life even if retired) Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give wor or dotes of service 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) INTERVAL BETWEEN ONSET AND DEATH DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse last. WAS AUTOPSY PERFORMED? RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20o. ACCIDENT WAS UNDERLYING [ 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (Stote) 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED (City or town) (County) foctory, street, office bldg., etc.) Hour o.m Not While at work ot work 21. I certify that (1) (this hassing) attended the deceased fram. and that reath accurred a fram causes and an the date stated above. 146219/1 saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED ATTEMOING PHYS. MED. DIRECTOR STAFF PHYS. M.D. 22d. ADDRESS NAME (Type) Frank M. Shipley M.D 121 Cathedral St., Annapolis, Md. 23b. DATE THEREOF NAME OF REMETERY OR CREMATORY 23d. LOCATION (City or Town) BORIAL, CREMATION REMOVAL (Specify) ADDR ESS REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FLINERAL DIRECTOR

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## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16518

## CERTIFICATE OF DEATH

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;										1 (7.3)	ET
1		PLACE OF DEATH						(Where deced	sed lived, if institution:		re admission)
		a. COUNTY		rundel	MARYLAI	O. ST	Mar Mar	yland	b. COUNTY	Anne Ar	rundek
	ŀ		f outside corporate li give neorest town)	mits,	c. LENGTH OF STAY IN 1	c. CITY	OR TOWN (If	autside corpor	ate limits, write RURAL	ond give neore	st tawn)
			polis		D.O.A.	RU	RAL -	Annapo	olis		02.1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Anne Arundel General Hospital					d. STRE	ET ADDRESS		0-11		e. IS RESIDENCE
9	A	nne Arun	del Genera	il Hospit	tal		Rt-2,	Box-l	STMARG	ARETS	ON A FARM? YES NO
		NAME OF DECEASED		First	Middle		Last	4. DATE	Manth	Day	Y Year
	(	(Type ar print)	Raymo	omd	Albert	DAWS	SON	DEATH	December	1	19 66
	S. S	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE C	F BIRTH	4.1		FUNDER 1 YEAR	IF UNDER 24 HRS.
	-	ale	White	WIDOWED	DIVORCED	☐ Apri	19, 1	.925	last birthdoy) N 41 yrs.	Months Days	Hours Min.
	100	USUAL OCCUPATION	(Give kind of work do	ne Job. KJ	ND OF BUSINESS OR T	C 11. BIR	THPLACE (Count	y & State, ar f	oreign country)	12. CITIZEN O	
	dun	JA STOR	lita, even fretired)	PETI	POLEUM COR	P.		West	t Virginia	· COUNTRY	
7	13.	FATHER'S NAME	7		,		THER'S MAIDEN	NAME	1 1		
	1	HLBE1	PT L	AWS.	ON	19	ERT.	MA	WOLF	3	
1			R IN U.S. ARMED FORCE		SOCIAL SECURITY NO.	17. INFORMA	VT .		Address		
	(70	s, na or unknown)	(If yes give wor or date (I) 4/42/4/	16/19/2 2	33-30-5206	MRS. P.	PULINE	= H.	DAWSON	# 2	
	T		ATH (Enter only one	couse per line for	(o), (b), and (c).)	-	7				TERVAL BETWEEN
6		PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH  ONSET AND DEATH									
		420,1 DUE TO									
		Conditions, if any, which gave ) (1) I truncal = 1 (4) truncal = 1 (4)							wo,		
91		nse to immediat stating the unde		UE TO							
		last.	I ying coose	(c)							
	_	PART II. OTHER SI	GNIFICANT CONDITION	S CONTRIBUTING T	O DEATH BUT NOT RELATE	D TO THE TERMI	NAL DISEASE CO	ONDITION GIV	EN IN PART 1(a)	19.	
	CERTIFICATION	Editor Sales								\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	PERFORMED?
	F	20o. ACCIDENT WAS	UNDERLYING [7]	20b DE	SCRIBE HOW INJURY OCCU	PRED (Enter not	ure of injury in	Port Lor Po	et II of item IR)		D INO KA
	ERT	OR CONTRIBUTING	CAUSE OF DEATH	200. 00.	SCRIBE HOW HOOK! OCCO	ARLD. (LINO) NO	ore or injery in	1 1011 1 01 10	ar ir ar irom ro.,		
	M		MEDICAL EXAMINER)	1 201 1	THINK OCCUPATED. Too	DIACT OF INI	IDV ALL C.	lon	(6:h h)	16	(6: )
	MEDICAL	Haur a.n		While	IJURY OCCURRED 20	le. PLACE OF INJI factory, street	office bldg., et		(City or town)	(Caunty)	(State)
	2	p.r	n.	9 at work					1		
					ded the deceosed fro		uz ,	19.58,			hat (I) (We) lost
			eceased alive on	15 NW	=19 <u>66</u> , and	d that death	accurred	-50 1	M from causes an		
,		22a. SIGNATURE	11.1.1	1		ATTE		MED.	STAFF	22b. DATE SIGN	NED
		M.D. PHYS. IZI DIRECTOR LI PHYS. LI 12/2/66									
		22c. PHYSICIAN'S NAME (Type)	T-1 T	17. de en	M B		ADDRESS				
		TAME (Type)	Jour T.	Hedeman	, PI.D.	140	7 Fore	st Dr	Lve, Annapo	lis, Mo	d.
	23a.	BURIAL, CREMATIC		THEREOF	23c. NAME OF CEMETER	. 11 /		23d, L	OCATION (City or Town)	(County	(State)
	1	SREMOVAL (Specify	12-3	1-1966	HILLEREST	MZM	CEM	Ax	INAPOLI	5 AH.	Co.Mp
	24,	FUNERAL DIRECTO	8/-	- 1	ADDRESS	h	2So. REC	D BY REGIST	RAR 2Sb. REGIS	TRAR'S SIGNATU	RE
	1/	OHN/	4. 1AVL	OR SON	15 HUNAL	8415/U	DATE	DEC 5	1966	Charle	y Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, crematian, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

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John I. defenden, W.D. .bl. afforanti .extr. jasem: 70pf

CERTIFICATE OF DEATH funeral and 2 death after death. PLACE OF DEATH a. COUNTY STATE by the to Pages 1 Anne Arundel Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b lease remove carbon papers. Pag and In any event, within 72 hours hours Annapolis completely filled in Annamolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 119 Granville Ave. Granville 179 executed within NAME DE DATE 3. First Middle Last 4. DECEASED DEATH (Type or print) Garnard Day /5. SEX 6. COLOR OR RACE DATE OF BIRTH 8. 7. MARRIED X NEVER MARRIED and Male DIVORCED WIDOWED Sept. white 9 physician a 10a. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY Railroad Clerk - ret Miller sville death certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending ph ermit. Then remova Richard Day Sarah Uptor 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. 0 (Yes, no, or unkown) | (If yes give war or dates of service) 10 FUNERAL DIRECTOR: After this certificate has been signed by the at director, page 3 should be detached for use as the burial-transit pern should be filed with the State Dept. of Health prior to burial, cremation, 215-07-4743 no CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] law requires that the PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a). **10 HOSPITAL OR ATTENDING PHYSICIAN.** The law requires that the Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if any, which gave rise to immediate DUE TO (a), stating underlying cause last (c) CERTIFICAT 2Da. ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2De, PLACE OF INJURY (Home, farm, TIME OF INJURY Month, Day, Year 2Dd, INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 19 21. I certify that (I) (this hospital) attended the deceased from /2. 19.66, and that death occurred at 12 deceased alive on ATTENDING DIRECTOR M.D. PHYSICIAN'S NAME (Type) ADDRESS 22d. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. REMOVAL (Specify) Buria aldwin Memorial

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Anne Arundel c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? NOK Ave YES Month Day Year 19 19 66 Dec AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months I Hours Days 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? USA Address Mrs. Pearl V. Day-wife same as #2 above INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? NO F YES DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) (State) (County) 2Df. (City or town) that (I) (we) last M, from the causes and on the date stated above. DATE SIGNED 22b. STAFF (State) LOCATION (City, town or county) REC'D BY REGISTRAR Bever ley C. opping Annapoli

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 0 16520 CERTIFICATE OF DEATH and 2 death, death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY after after the c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Anne Arundel MARYLAND Prs. Pages b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b write RURAL and give nearest town) 24 hours Glen Burnie 21hrs15min
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ≘. Pasadena papers. filled d. STREET ADDRESS completely fill ove carbon pap North Arundel Hospital 52 QATE within NAME OF Middle Month and con-remove caru-DECEASEO (Type or print) orraine DEATH Elizabeth Dodson December executed 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS. 9. 7. MARRIEO I NEVER MARRIED last birthday) | Months | 26,1966 December White Female WIOOWEO [ OIVORCED attending physician a ermit. Then please re E 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) INOUSTRY Maryland certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME George Hobbs Dodson Lorraine Anina Turner 15. WAS OECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. Address (Yes, no, or unkown) (If yes give war or dates of service) cremation, None Mother As above 0 CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] n signed by t burial-transit burial, crema PART I. DEATH WAS CAUSED BY: attending physician. Respiratory Distress Syndrone IMMEDIATE CAUSE (a) Cerebral Anoxia DUE TO Conditions, If any, which been gave rise to Immediate as the prior to Prematurity **OUE TO** cause (a), stating the underlying cause last. has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health p R: After this certificate ould be detached for use the State Dept. of Health PHYSICIAN: T 20a. ACCIOENT WAS UNDERLYING DR CONTRIBUTING DC CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Oav. Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. Not While ATTENDING at work at work , 19 66, to Dec. 27 , 1966 , that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from ec. 26 DIRECTOR: Jage 3 should lied with the 19 66, and that death occurred at 5:25 MM from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE pe page ATTENDING DIRECTOR may TO FUNERAL I HOSPITAL PHYSICIAN'S ADORESS Sherman Hahn Building Severna Park, Maryland BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) REMOVAL (Specify) Cenetery<sub>25a</sub>. Burial REC'O BY REGISTRAR'S SIGNATURE Beverley E. Hopping

Annapoli

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16521 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence by o. COUNTY b. COUNTY Maryland Anne Arundel Anne Arundel MARYLAND c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 15 days Odenton Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Anne Arundel General Hospital YES NO 439 Patuxent Road 3. NAME OF Middle 4. DATE Month Year DECEASED Wylie Lee DONALDSON December DEATH (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED birthdoy) Months Hours July 29, 1885 White Male WIDDWED XX DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY CDUNTRY? Maryland Wauch Chapel Post Master(ret) 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Caleb E. Donaldson Nannie Mewburn 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service 215-34-9249A Wylie L. Nonaldson - Same as # 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED 8Y: ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO TY 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month. Day, Year (County) foctory, street, office bldg., etc.) Hour o.m. Not While of work . 19 . ta Dec. 28 , 19 66 that (I) (voe) last 21. I certify that (1) this booked) attended the deceased fram\_ Dec. 28 19 66, and that death accurred at\_ M, fram causes and an the date stated above. saw the deceased alive an\_ 22o. SIGNATURE/ 22b. DATE SIGNED STAFF PHYS. 12/ 28/66 DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Theodore G. Osius. Jr. M.D. Franklin St., Annapolis, Md. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) Epiphany Church Cemetery Odenton, Maryland 2/30/66 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ware JAN

Singleton Funeral Home/Glan Burnie, Md.

be executed within 24 hours after deoth. ompletely filled in by the fur ve corbon papers. Pages 1 event, within 72 hours after remove corbon completely and in any pup physicion a The law requires that the death certificate or removal, buriol, cremotion, signed by the buriol-transit p O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. the use os etached for use of Dept. of Heolth p detached Stote [ TO FUNERAL DIRECTOR: After pe director, page 3 should should be filed with the

deoth pup funero

VR A15 (4) 20 M 1/66

16513 Sobrara can formation board and formation of the formatio how deposit of PCA Led bond (Science Epierous) sand BUT IT I'M IN Third is all the contract that are found buyer and a second of the contract of · .o 3/82/25 .b. align w. .t. There's

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove-carbon papers. Pages 1-and-2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after regath.

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLANG 16522 CERTIFICATE OF DEATH		MARYLAND STATE DEPARTMENT OF HEALTH	
16522 CERTIFICATE OF DEATH 16520	DIVISION OF STATIS	TICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, B	BALTIMORE 1, MARYLAND
	16522	CERTIFICATE OF DEATH	16520

-		100	7.17
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Re	esidence before hamission)
	A CHY of	a. STATE b. COUNTY	. dal
-	b. CITY OR TOWN (If outside corporate limits,   c. LENGTH OF STAY IN 1b	- Maryon three 11	ance
	write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	aud Risa usatezt rosul)
	Glenlantnie- 12da-3	(3/en Aurnie	021
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
Π.	North Brunds Geal. Hoster	From Bil 10 1862	ON A FARM?
=		100/- 100/ Annap WIVI-	YES NO
3.	NAME OF DECEASED First Middle	Last 4. DATE Month	Day Year
1	(Type or print) SILLIAN D.	DONOHO. DEATH 12	26 19 66
5.	SEX _ 6. COLOR OR RACE   7. MARRIED NEVER MARRIED   8	B. DATE OF BIRTH   9. ACE (In years   IF UNDER :	YEAR IF UNDER 24 HRS.
	4	-1-2-1	Days Hours Min.
10.	511011010	yrs.	
dui	a. USUAL OCCUPATION (Cive kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY.		TIZEN OF WHAT
	Home Maker - Own Home	Balto., Md 4.	15,A-
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	_/ Worth - has	D B O.6	Action 1
10	Thomas	Carrie 13. Ugle	7
	. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. es, no, or unknown)   (If yes give war or dates of service)	INFORMANT . Address	1 1/4
	No mone Mone M	s. 4FROM CHILDONGhowst, JA	m+ 45019-1
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY:	· 0- / /	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	udar garnere	Hurs
	SSIA DUE TO G	U	11
	Conditions, If any, which	Ly Eferra	Hours
	gave rise to Immediate		1-0
	underlying course lost	accident	12 days
NO	(0)	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY
	ANT II. OTHER STRIPT CART CONDITIONS CONTRIBOTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	PERFORMED?
2	Gabety Miller with lecidose	s, pyserthyeun	YES NO 4
E	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of Injury In Part I or Part II of Item 18.)	
CERTIFICAT	OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
		CE OF INJURY (Home, farm,   20f. (City or town) (Cour	nty) (State)
MEDICAL	factor	ry, street, office bldg., etc.)	ity) (State)
ME	Hour e.m. While Not While at work 19 at work		
	21. I certify that (I) (this hospital) attended the deceased from	Dec 14 1966 to Doc 26, 196	6 that (I) (we) last
		death occurred at 1/2 PM, from the causes and on the	
	22a. SICNATURE A		TE SICNED
	11106 01/61	ATTENDING MED. STAFF	122/11
	M.D		12/166
	22c. PHYSICIAN'S NAME (Type) AAAAA (FAAAK NI D	22d. ADDRESS	De Berrino
	PIAX CIRTINA PILE	1 15 ) Cillene ruy	
238	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY   23d. LOCATION (City, town or cou	nty) (State)
		K Come B. Har MA	1.
24		25a. REC'D BY RECISTRAR   25b, REGISTRAR"	SICNATURE
1	Vil I . In Singleton Tune	DEC 2 8 1966 Milanle	[] A -
1	· Vi Dingulo Oblen Diornie	Md - DATE O 20 1000	00
-			

the George L. Donahay St. Commander

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necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter deoth. If any delay is with the Stote Deportment of within 72 hours after death. son 2 Heolth or its designated agent, prior to buriol, cremotion, or removal, and in any TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 5 may be retained for your files.

IT	tems 18%2	L Film 305 Division of STATIST		WARYLAND STATE ARCH AND RECORDS,	DEPARTMENT OF H 301 W. PRESTON STR	EET, BALTIMORE,	MARYLAND 212	201
	16523		MED	ICAL EXAMINER	'S CERTIFICATE (	OF DEATH	165	21
1.	PLACE OF DEATH					(Where deceosed lived,	if institution: Residence	e before odmission)
	o. COUNTY An	ne Arundel		MARYLAND	o. STATE Man	cyland	b. COUNTY Anne	Arundel
	b. CITY OR TOWN (I	If outside corporate limits I give nearest town)	,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits,	write RURAL ond give	neorest town)
L							0	2.1
		AL OR INSTITUTION (If no			d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
				undel Gener	a Pumph	irey Farm		YES NO
3.	NAME OF DECEASED (Type or print)	Fir B.O.E		Middle lger Duckett	Ducket #	4. DATE OF DEATH	Month 12 2	Doy Year 4 19 66
S.	male	6. COLOR OR RACE colored	7. MARRIED WIDOWED	☐ NEVER MARRIED ☑ DIVORCED ☐	8. DATE OF BIRTH  4-9-19	2/ 9. AGE (In last him		YEAR IF UNDER 24 HRS. Doys Hours Min.
	o. USUAL OCCUPATION ring most of working	(Give kind of work done life, even if retired)	Nha	ND OF BUSINESS OR DUSTRY	Brandywin	. A. 4		IZEN OF WHAT JNTRY?
L	Tuilbe	rt Bro	wn		Luvenia	NAME 7	Kett	
		R IN U.S. ARMED FORCES? (If yes give wor or dotes o	service) 16. S	4-91-00915	7. INFORMANT	ckett B	Address 221	nd stil.
	18. CAUSE OF DE PART I. DEAT	ATH (Enter only one cou TH WAS CAUSED BY:	Α -		ic intoxicat	rion dedda	2444	INTERVAL BETWEEN ONSET AND DEATH
	3220	IMMEDIATE CAUSE DUE	\-/	ute arconor	LO INCOALCA	CIOI GLEROY	Tarea	•
	Conditions, if ony, rise to immediate	(0) 921103 9		sibly assoc	iated with	exposure		
	stoting the under	, ,	(c)					
ATION	PART II. OTHER SIG	GNIFICANT CONDITIONS CO	ONTRIBUTING T	O DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART	1(0)	19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFICATION	20o. EXTERNAL CA PRIMARY ☐ or CON CAUSE OF DEATH.		20b. DES	SCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Port II of iten	n 18.)	
MEDICAL	Hour o.n p.n	n. 19	While of work	Not While of work	PLACE OF INJURY (Home, for foctory, street, office bldg., etc.		town) (Cou	nty) (Stote)
	21. I certify			noins described obove,	held an A <u>utopsy</u> 📉 ,	Inspection,	Inquiry,	and in my opinior
deoth resulted from: Natural couses 🔼 , Accident 🗌 , Suicide 🗍 , Hamicide 📄 , Undetermined							ined monner 🗌	
	ACTUAL SIGNATURE	Ulrul	h.C	1-6-	CHIEF MEDICAL  ASSISTANT MEI	DICAL EXAMINER K		22. DATE SIGNED
	EXAMINER'S NAME (Type) W	Jerner U. Sj	pitz, K	I.D.	DEPUTY MEDIC Address (Stree	AL EXAMINER	12/2	5/66
23	BURIAL, (REMATIO	23b. DATE THE	REOF 0-'66	artinaton	or Crematory Nat. Cemetery	23d_LOCATION (C	t- 71	(County) (Stote)
23	4. FUNERAL DIRECTOR	adams	· Cla	ADDRESS (CLALCO,		D BY REGISTRAR	25b. REGISTRAR'S 90	

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16524 CERTIFICATE OF DEATH funerol 1 ond 2 er deoth. OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission). b. COUNTY o. COUNTY Anne Arundel thin 72 hours after d Maryland MARYLAND CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town Baltimore 7 days d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) e. IS RESIDENCE ON A FARM? 2. A STREET ADDRESS Crownsville State Hospital 413 Cummings Ct. YES NO X NAME OF Middle Lost 4. DATE Manth Day and completely f remove corban M/M DECEASED #34085 Heulitt Dunston 12 22 eyent, 1 66 (Type or print) DEATH IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Haurs 11/20/98 SED DIVORCED ond in ony Negro Male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Virginia USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME a or removal, ottending phys permit. Then p Crews Ed Dunston
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address permit. (Yes, ng, or unknawn) (If yes give war or dates of service) 218-03-5518 Hospital Records cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) signed by the burial-tronsit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY Bronchopneumonia, Bilateral IMMEDIATE CAUSE (a) DUE TO burial, Uremia Conditions, if any, which gave rise ta immediate cause (a). DUE TO peen as the stating the underlying cause Page 4 may be retained by the hospital or attending Hypertensive Cardio-Vacular Disease 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) hos associated with Cerebral Arteriosclerosis of Health Syndrome FUNERAL DIRECTOR: After this certificate E HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) for OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Stote) factory, street, office blda., etc.) Nat While at work 12/22/, 19 66 that (I) (we) last 21. I certify that (I) (this bospital) attended the deceased fram 12/15/, 19 66, ta 12/22/, 19 66 that (I) (we) last saw the deceased glive on 12/22/9 66, and that death accurred at 11:20, fram causes and an the date stated above. 12/15/ . 19 66 , ta saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING MED. STAFF PHYS. 12/22/66 director, page 3 should be filed v M.D. 22d. ADDRESS 22c. PHYSICIAN'S Benedict M. D. Crownsville State Höspital, Maryland NAME (Type) NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d LOCATION (City or Town) 23a. BURIAL CREMATION. REMOVAL (Specify) 9 250. REC'D BY REGISTRAR
L. DEC 28 ADDRESS FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

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	The state of Charles	л и ç	enges .

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10525 CERTIFICATE OF DEATH plnods 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) . COUNTY MA STATE b. COUNTY hours \$ 0.3 MARYLAND A A Co 70 b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town)
Glen Burhie Ferndala = Pages filled A STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Arundel Gen. Hosp 11 Cromwell St completely papers. 3. NAME OF Middle 4. DATE Month DECEASED Berthe Feldpusch DEATH DAC (Type or print) carbon With 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR last birthday) and May 25,1879 Months Female Can WIDOWED TO DIVORCED physician remove 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Germany 14. MOTHER'S MAIDEN NAME please 13. FATHER'S NAME Unk Then please Unk and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, Munkown) | (If yes give wer or detes of service) Family Same requires that 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, burial-transit Conditions, if any, which geve rise to immediate cause DUE TO (a), stating the underlying PHYSICIAN: PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY certificate CERTIFICATION as 0 use prior 20a. ACCIDENT WAS UNDERLYING T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 18.) jo OR CONTRIBUTING TI CAUSE OF DEATH he Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached ATTENDING After 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, ) 20c. TIME OF INJURY 20f. (City or town) Month, Dev. Yeer factory, straet, office bldg., etc.) While Not While retained ō Hour e.m. at work at work p.m. DIRECTOR: Dept. 21. I certify that (I) (this hospital) attended the deceased from yune 26 1962 to Dec. 14, 1966, that (1) (we) last Pe 19 66, and the death occurred at 3 66MM, from the causes and on the date stated above. plnous State saw the deceased alive on. may 22e SURNATURE ATTENDING DIRECTOR PHYS. M.D. HOSPITAL FUNERAL page with t ADDRESS rector, death. 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (City, town or county) REMOVAL (Specify) 0 = 3 Glen Haven Burial 24 FUNERAL DIRECTOR'S SIGNATURE

VR A15 (4) 20M 5-63

25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

ADDRESS

21225

H 237 Patapsco Ave

Co

Deys

USA

e. IS RESIDENCE ON A FARM?

YES NO

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Yeer

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO [

(Stete)

226. DATE

(Stete)

SIGNED

YES

(County)

12. CITIZEN OF WHAT COUNTRY?

Package E 237 Paternace Ive 21225

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16526 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death a a PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) by the funero a. COUNTY o. STATE b. COUNTY Maryland s. Poges 1 Anne Arundel Anne Arundel MARYLAND b. CITY OR TOWN (If autside corparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) Annapolis Annapolis filled in the papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress)

Anne Arundel General Hospital d. STREET ADDRESS e. IS RESIDENCE ON A FARM? eyent, within 72 208 Lockwood Court YES NO XX 3. NAME OF Middle carbon First Last 4 DATE Manth Day Year completely DECEASED FORD December 22 (Type or print) Robert Kent 19 66 DEATH S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. remove ( 7. MARRIED NEVER MARRIED last birthday) Months Haurs and in only WIDOWED DIVORCED March 21, 1926 Male White ond IDo. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during mast of warking We even if retired) **INDUSTRY** COUNTRY ? ORCES NUMPOLIS RMED Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removol, offending p permit. The WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes give war or dates of service (Yes no or unknown) 5 signed by the otter buriol-transit permi buriol, cremotion, o CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN PART 1. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) be retoined by the hospital or ottending physicion. DUF TO Conditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause as the prior to l has been 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO O FUNERAL DIRECTOR: After this certificate for 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched te Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 2Dc. TIME OF INJURY Month, Dov. Year 2Df. (City or town) (County) (Stote) Hour a.m. foctory, street, affice bldg., etc.) Not While at work at work . 19\_\_\_\_, ta\_ 21. I certify that (I) (DECEMBED attended the deceased fram , 19\_\_\_, that (I) (\*\*\* last saw the deceased alive on \_\_M, fram causes and an the date stated above. and that death accurred at\_\_\_\_ director, poge 3 short should be filed with 22g. SIGNATURE 22b. DATE SJGNED **ATTENDING** STAFF DIRECTOR M.D. PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Ray M. Smith, M.D. Hahn ProfBldg., Severna Park, Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d\_ LOCATION (City or Town) (Stote) REMOVAL (Specify) RLINGTOR 24. FUNERAL DIRECTOR REC'D BY REGISTRAR REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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OR STATE		TOOK 4 WEDIC	AL EXAMINER'S	CERTIFICATE O	FUEATH	10041
3 to Page ant of eath.	1.	LACE OF DEATH COUNTY PACE.	MARYLAND	2. USUAL RESIDENCE (V	Where deceosed lived, if institution b. COUNT	
2, and 3 to PM3. Page portment of after death.		CITY DR TDWN (If outside corporote limits, write RURAL ond one neorest town)	LENGTH DF STAY IN 16		tside corporote limits, write RURA	AL ond give neorest town)
n. Dep		NAME DE HOSPITAL DE INSTITUTION (If not in hospitol, give		I STREET ADDRESS	Pugly Kond	e. IS RESIDENCE ON A FARM? YES ND
Give Poges and with for the State	3.	IAME OF First On First	Middle	Lost	4. DATE Month	
	S.	(ype or print)  EX  6. CDLOR DR RACE  WIDDWED  WIDDWED  WIDDWED	NEVER MARRIED   E	B. DATE OF BIRTH	9. AGE (In yeors lost birthdoy)	IF UNDER 1 YEAR   IF UNDER 24 HRS. Months Doys Hours Min.
	10o duri	USUAL OCCUPATION (Give kind of work done 10b. KIND 10g most of working life, even if retired)	DF BUSINESS DR	11. BIRTHPLACE (Stote	0 77	12. CITIZEN DF WHAT COUNTRY?
within 24 n pencil in Examiner's File poges ond in ony	13.	FATHER'S NAME	74.79.	14. MDTHER'S MAIDEN		
	1S. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SO(		MITORMANI	Addres	
should be executed to word "pending" in o the Chief Medical buriol-transit permit.		1B. CAUSE OF DEATH (Enter only one couse per line for (g. PART I. DEATH WAS CAUSED BY:		NEZ 17431	ERS 8418 Ru	INTERVAL BETWEEN ONSET AND DEATH
d b d '' Chi trar trar		IMMEDIATE CAUSE (o)  DUE TD  Conditions, if ony, which gove )	co-year			
od t		rise to immediate couse (o), Stating the underlying couse last.			***************************************	
s certiticate s, writing th forworded to used as a l burial, crer	NOIL	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES ND
rertificate, rould be for fee.  les.  shauld be to shauld be to prior to	MEDICAL CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	RIBE HDW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 1B.)	
3 Eir Sh	MEDICAL		Not While foct	CE DF INJURY (Home, form ory, street, office bldg., etc.		(County) (Stote)
DEPUTY MEDICAL EXAM Sessary, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page solth or its designated age		21. I certify that I tack charge af the rema	ipe described above, he	eld an Autapsy [], ide [], Hamicide	The state of the s	ry , and in my opinion
MEDIA pleose directo retained DIREC		ACTUAL Law Levell	,, coo.	CHIEF MEDICAL		22. DATE SIGNED
o DEPUTY necessary, if the funeral s may be r FUNERAL Health or if		EXAMINER'S E. LINHARY	1.	DEPUTY MEDICA	AL EXAMINER (Lity, town, or county)	12/10/66
TO DEP necessor the fun 5 may TO FUNE Heolth	230	BURIAL, CREMATION, 23b. DATE THEREOF  REMOVAL (Specify)  1 1 4 1 2 2 2 0 - 6 6	23c. NAME OF CEMETERY DR	dEE MER	23d. LOCATION (City or Town	RE Md
VR A15ME (5)		PUNERAL DIRECTORS church HUNEARL	ADDRESSE	2So. REC'	EC 2 1 1966 REG	HISTRAR'S SIGNATURE LINGSE

16528

12	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence	e before odmission)
4	o. COUNTY ANNE ARUNDEL MARYLAND	o. STATE Maryland b. COUNTY Ann	e Arundel
event within /2 hours offer death	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	neorest town)
Je l	Odenton Int Made	Odenton	02.1
0 0	d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
325	Kimbrough Army Hospital	495 Barbara Lane	YES NOX
2	3. NAME OF First Middle DECEASED	GAFFNEY 4. DATE Month	Day Year
≘ .	(Type or print) Leo ${f F}$ .	COFFNEY DEATH December	18 1966
<u> </u>	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	lost hirthday) Months	YEAR IF UNDER 24 HRS. Days Hours Min.
=	Male White WIDOWED DIVORCED	Sept. 10,1921   45 yrs.	
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY		IZEN OF WHAT JNTRY?
13	Colonel - ret. US Army	Dedham Mass. U	SA
	13. FATHER'S NAME		
	Ico V. Gaffney  1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Marion Gallagher INFORMANT	
.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, na, ar unknawn) (If yes give war ar dates of service)	INFORMANT	
	yes 1942-1 <b>9</b> 66 014-16-1529 Mr	s. Betty Lou Gaffney-wife same	as #2 above
ren	IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
0	Multiple (a)	traumatic injuries	
0	Canditions, if any, which gave )		
E E	rise to immediate couse (a),		
Cre	stating the underlying cause   (c)		
Ē I	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19. WAS AUTOPSY
2 7	200. EXTERNAL CAUSE WAS PRIMARY AND OF CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURRED   CAUSE OF DEATH	THE TEXNING STEED CONSTRUCT OF THE TEXNING TO	PERFORMED? YES V NO
5 %	20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED PRIMARY ★ Or CONTRIBUTING	. (Enter nature of injury in Part I or Part II of item 1B.)	1 10 13 110 11
DLIO			
a l	_ [ Tedeserran Ser	ACE OF INJURY (Hame, farm, 20f. (City or town) (Cou	nty) (State)
BD2	9:58 p.m. 12-18 19 66 While of work of work of work start of the start	ctary, street, affice bldg., etc.) street Odenton A.A	. Md.
D. O.	21. I certify that I taak charge of the remains described above, h		
ouf	death resulted fram: Natural causes , Accident X, Sui		
esig		CHIEF MEDICAL EXAMINER	
LS O	SIGNATURE Charles	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
20	EXAMINER'S Charles S. Springate, M.D.		ber 19, 1966
Health or its designoted agent, prior to burial, cremation, or removal, and in any	NAME (Type)	Address (Street, city, town, or county)	
Нес	23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OF		(County) (State)
	REMOVAL (Specify) Burial 12/22/66 Arlington N	ational Ft Myer  250. REC'D BY REGISTRAR 250. REGISTRAR'S SI	CHATHRI Va.
(5)	Bewen Profile. Hopping Small Annapolis, Md.		enles Judge
,	Hopping Funeral Home Annapolis, Mo.	DATE UEU 2 2 1000	00

VR A15ME (5) 6M 1/66

5 may be retoined for your files.

in pencil in Item 18. Give Poges 1, 2, and 3 to

This certificate should be executed within 24 hours after deoth. If

'pending"

necessory, pleose execute the certificate, writing the word

TO DEPUTY MEDICAL EXAMINER:

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form

TO FUNERAL DIRECTOR: Poge 3 should be used as a buriol-transit permit. File

y deloy is

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# FOR STATE DEPT. PM3. Page any delay is necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to Sages I and 2 with the State Department of Health or its designoted agent, prior to buriol, cremation, or removol, and in any event within 72 hours after death. Office along with form This certificate should be executed within 24 hours ofter death. If the funeral director. Page 4 should be forwarded to the Chief Medical Examiner TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File TO DEPUTY MEDICAL EXAMINER: 5 may be retoined for your files.

MARYLAND STATE DEPARTMENT OF HEALTH

301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Division of STATISTICAL RESEARCH AND RECORDS, 16529 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 16529

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)									
	o. COUNTY Ann	MARYLA	ND	o. STATE 6. COUNTY Ar				nne Arundel			
				c. LENGTH OF STAY IN	lb	c. CITY OR TOWN (If outside corporate limits, write RURAL					
	(ILONION NO 16					Odenton				021	
	d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospitol, give street oddress)					d. STREET ADDRESS				e. IS	RESIDENCE
4	North Arundel Hospital					Box 439,	Waugh	Chapel	Road	YES	N A FARM?
	3. NAME OF DECEASED	EDWARD	irst	Middle	LOW	Lost	4. DATE OF	prono		Doy	Year
-	(Type or print) S. SEX	6. COLOR OR RACE	7 44400100	-			DEATH		per 2,		19
	M.	N O. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED  DIVORCED		A DATE OF BIRTH	922	AGE (In year: last birthday	) Months		UNDER 24 HRS.
	IOn USUAL OCCUPATION	I (Cive kind of work done		D OF BUSINESS OR		11. BIRTHPLACE (Stot				ITIZEN OF WH	TAT
	ring most of working libe even if refired)					COENTON MJ USA					
	13. FATHER'S NAME GALLOWAY 14 NOTHER'S MAIDEN NAME										
-	AGORDIANA TORKER										
		R IN U.S. ARMED FORCES?		OCIAL SECURITY NO.		NFORMANT	7	A	ddress	01	MD
	(Yes so or unknown) (If yes give yor or deterof service) 2/EANOR CALLOWRY Bry 439 CHONTON										
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)										AL BETWEEN
	PART I. DEATH WAS CAUSED BY:  Asphyxia  Asphyxia									ONSET A	AND DEATH
	Conditions, if ony, which gove ) (b) Compression of thorax										
	rise to immediate couse (a),										
1	stoting the underlying couse (c)										
	PART II. OTHER SI	GNIFICANT CONDITIONS (		DEATH BUT NOT RELATE	D TO T	HE TERMINAL DISEASE CO	ONDITION GIVE	N IN PART I(o)		19. WAS	S AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  Primary To of Contributing										FORMED?
	206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)										
2	3 20c TIME OF INITIDY TROUBLE DOW YOUR 20d INITIDE OF I								ounty)	(Stote)	
×	p.n	n. 12-2 196	of work		Ho	me		I.	nne Ar	undel	Md.
1	21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry ,										my opinion
1	deoth resulted from: Natural couses , Accident , Suicide , Hamicide , Undetermined monner										
	ACTUAL CHIEF MEDICAL EXAMINER										
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER										DATE SIGNED
	EXAMINER'S Charles S. Springate, M.D.  DEPUTY MEDICAL EXAMINER  Address (Street, city, town, or county)									-366	
1	230. BURIAL CREMATIC	ON, 23b. DATE TH	ERFOF	23c. NAME OF CEMETER		REMATORY		CATION (City or	Town)	(County)	(Stote)
	REMOVAL (Specify)	12/6/	1966	BALTOI	VA	TANOIT		PLTO	mo		1
)	24. FUNERAL DIRECTO		12	C ADDRESS		2Sa. REC	D BY REGISTR	AR 2Sb.	REGISTRAR'S		
1	10/ans ga	w Plan	Jus to J	on bluk	700	DATEDI	EC 5	1066	Mulay	Les Ju	der

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MARYLAND STATE DEPARTMENT OF HEALTH

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OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) 1. PLACE OF DEATH e. COUNTY b. COUNTY \$ 7 t Maryland Anne Arundel MARYLAND c. CITY OR TOWN (If outside corporata limits, write RURAL end give neerest town) b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 1b write RURAL end give neerest town) Pasadena Pages urs afte 8 Years Pasadena filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 180 Solley Road papers. 180 Solley Road 4. DATE 3. NAME OF Middle OF DECEASED DEATH (Type or print) Griffit December Amhrose and cor with 9. AGE (In yeers | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lest birthday) Months WIDOWED T 1890 Male гетоуе 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Wilmington, Delaware Railroad Brakeman - Ret. 5 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME affending Mary Ortmann Frank Griffith removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) Mrs. Ruth Unton, same as 2 permit. 1B. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] signed by 5 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit DUE TO aftending geve rise to immediate ceuse DUE TO (a), steting the underlying the hospital or certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) use as 0 CERTIFICATION prior for 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Pert I or Part II of item 18.) Health OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, farm, ) 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year ō fectory, street, office bldg., etc.) Not While Hour e.m. DIRECTOR: at work at work 29 , 1966, that (I) (we) last to. 1.2. 22e. SIGNATURE ATTENDING FUNERAL page with th DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ector, 3708 Mountain Road, Pasadena, Mclaughlin. M. D. 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY る。 REMOVAL (Specify)
Burial Jan. 3, 1967 Cedar Hill Cemetery Baltimore , Md. 21225 258. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Kirkley Funeral Home. Glen Burnie. Md. VR A15 (4) 20M 5-63

certificate

RYLAND STATE DEPARTMENT OF HEALTH

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. IS RESIDENCE

IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

IISA

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO X

22b. DATE

SIGNED

ON A FARM? YES NO TO

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16532 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o STATE b. COUNTY o. COUNTY Anne Arundel Anne Arunde 1 MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) write RURAL and give nearest town) Annapolis Annapol d. NAME OF HOSPITAL OR INSTITUTION (if not in haspital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Anne Arundel General Hospital 80 Franklin Street YES NO 3. NAME OF Middle 4 DATE Lost Doy Year DECEASED 66 (Type or print) Charles Joseph HARDESTY DEATH December 19 IF UNDER 24 HRS. AGE (In years IF UNDER 1 YEAR S. SEX B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** (gst, birthdoy) Months Hours July 8, 1902 WIDOWED DIVORCED Male Negro 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Gen Utilities
13. FATHER'S NAME A.A. Co Maryland U. S. 38-38-38-38-38-38-38-38-38 14. MOTHER'S MAIDEN NAME Thomas Hardesty Mary Ann Swann 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Annapolis . Md (Yes, no, ar unknown) (If yes give war or dates of service) aleste a care are are 212-52-450B Tulls INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per time far (o), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (o), DUF TO stating the underlying cause lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 1B.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Yeor Hour a.m. factory, street, affice bldg., etc.) While Not While at work 21. I certify that (1) (this haspital) attended the deceased from from causes and on the date stated above. saw the deceased alive an and that deoth occurred at 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION (County) (State) REMOVAL (Specify) nnapolis A.A.Co Buria Rrewer Hil 25b. REGISTRAR'S SIGNATURE LINGUE

requires that the death certificate be executed within 24 haurs after death. and death funeral campletely filled in by the fur laye carbon papers. Pages 1 y event within 72 haurs after remave and in any and physician a ar removal, -transit permit. signed by the burial-transit p burial, cremati **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital ar attending physician. as the prior tal be detached far use State Dept. af Health certificate TO FUNERAL DIRECTOR: After this director, page 3 shauld shauld be filed with the VR A15 (4)

24. FUNERAL DIRECTOR

Hicks ]]]

Annapolis Md

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MARYLAND STATE DEPARTMENT OF HEALTH

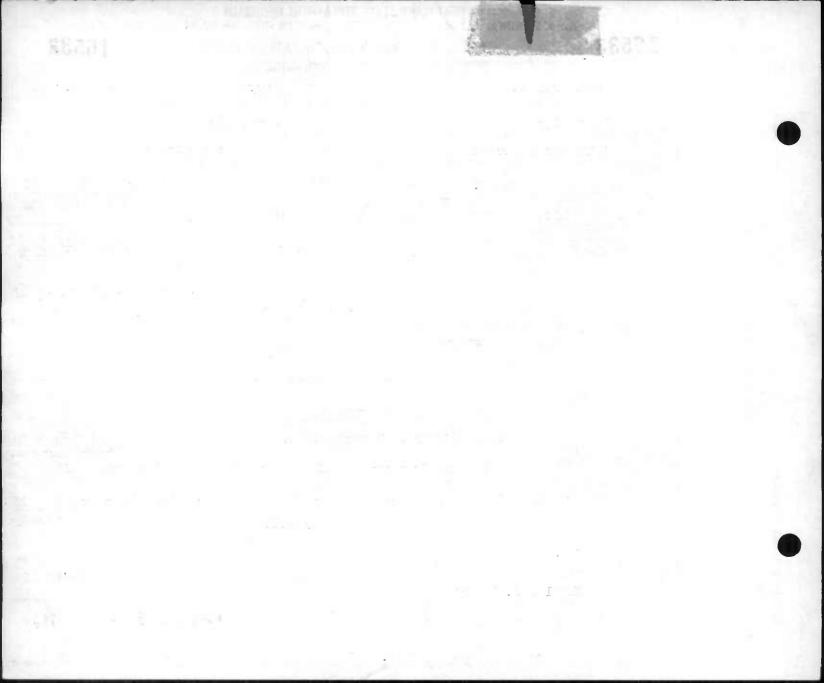
. Division of Stristical Research and Records, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16533

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

16533

TOR STARE		1000	
HEALTH DEPT.	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
is de de to		o. COUNTY Anne Arundel MARYLA	AND O. STATE Maryland b. COUNTY Anne Arundel
delay is and 3 to 13. Page ment of r death.		b. CITY OR TOWN (If outside corporate limits,   c. LENGTH OF STAY IN	t 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)
y delc , and PM3. F artmen		write RURAL and give nearest tawn) Annapolis	Annapolis O2./
am Ph		d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE
form form form		2 Thompson Street	2 Thompson Street YES NO X
ath ith Sto	3.	NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
r de we g w		(Type or print) DOROTHY /*/,	HEFFORD DEATH December 15 19 66
ofter de 8. Give F Jong with the with the	-1	SEX 6. COLOR OR RACE 7. MARRIED  NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER   YEAR   IF UNDER 24 HRS.
12 Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		Female White WIDOWED DIVORCED	1 2-27-190> 63 yrs.
hours Item 18 Office I ond 2		a. USUAL OCCUPATION (Give kind of wark dane in the street	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	L	HOME WITE	England Englis 4 Sw By
ed within 24 in pencil in I Exominer's File poges , ond in any	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
with with the Exon File ond		UNIC	UWK PARSONS
d be executed within 24 d "pending" in pencil in Chief Medicol Exominer's tronsit permit. File pages t, or removol, and in any	(7	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown)  (If yes give war ar dates of service)	4) HA FRANCH ANNA POLIS MD.
should be executed the word "pending" is the Chief Medical burial-tronsit permit motion, or removol,			
be ex "pend nief M onsit p		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Asphyxia	INTERVAL BETWEEN ONSET AND DEATH
d b d b d b Chie		980X IMMEDIATE CAUSE (a) AS PITYXTA	
should he word to the Ch burial-tra		Conditions, if any, which gave ) (b)	
e sh the to bu bu		rise to immediate cause (a), stating the underlying cause DUE TO	
s, writing the word forworded to the Change used os o burial-tree burial, cremotion,		last. (c)	
certifice writing orworde used os buriol,	-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?
	CERTIFICATION	Acute Barbiturate Ir	
This itcote, be for d be u	THE CHANGE	2Da. EXTERNAL CAUSE WAS PRIMARY L⊠or CONTRIBUTING ☐	CURRED. (Enter nature of injury in Port I or Port II of item 18.) barbiturates
INER: This e certificate, should be fo files.  3 should be unt, prior to b	8	CAUSE OF DEATH. Plastic bag wra	apped about head following ingestion of/
AMINE the ce the se the se the the the the the the the the the th	MEDICAL	Management Annual Company of the Com	20e. PLACE OF INJURY (Hame, farm, 2Df. (City or tawn) (County) (State)
	W.	D.m. 12/ 13 1966 While at work at work	foctory, steet, office bldg., etc.) Home Annapolis Anne Arundel M
EDITAL EXA ose execute irector. Poge oined for you IRECTOR: Pog designoted o		21. I certify that I took charge of the remains described oba	ave, held an Autapsy 🗷 , 🛮 Inspection 🔲 , 🔻 Inquiry 🔲 , 🔻 ond in my opinio
ed to ex		death resulted from: Natural causes , Actident ,	Suicide , Homicide x, Undetermined manner
MEDIC pleose I directo retoined retoined its design		ACTUAL ()	CHIEF MEDICAL EXAMINER  22. DATE SIGNED
ITY M Iry, ple eral di be reta be reta or its		SIGNATURE Challes I felly	ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 12/15/66
DEPUTY MEDICAL E		EXAMINER'S NAME (Type) Charles S. Petty	Address (Street, city, tawn, or county)
	23	O. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETI	
5 = + 2 5 x	C		WEDEN BARRESBURG MD.
VP A15MF (5)	P	4. FUNERAL DIRECTOR ADDRESS	250 RECTO BY REGISTRAR 66 256 REGISTRAR'S SCHATURE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

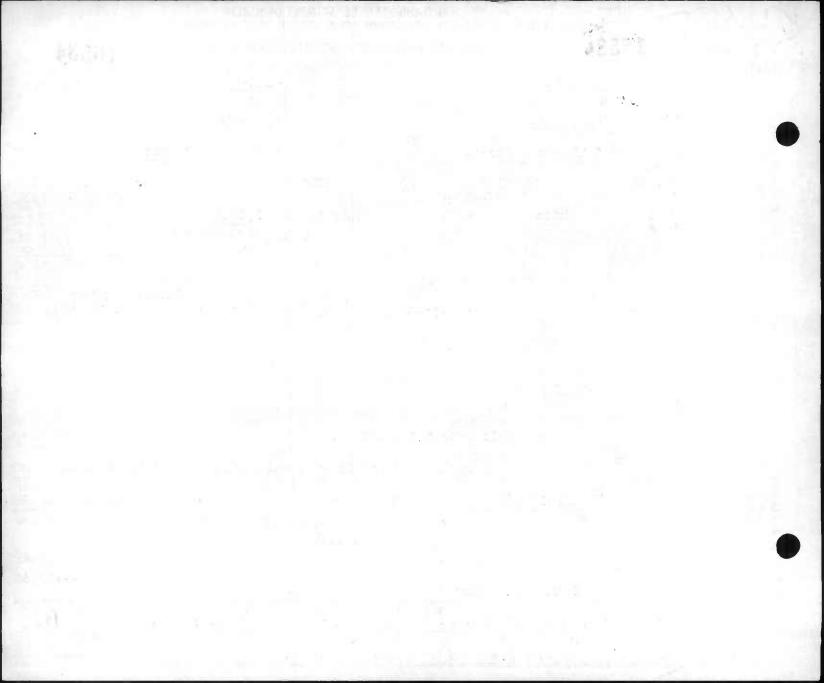
16534	MEDICAL EX	CERTIFICATE	_
OF DEATH		2 LISUAL RESIDENCE	(Who

16534

**DEATH** 

		PLACE OF DEATH			re deceased lived, it institution: Kesic	dence before admission)						
	ľ	Anne Arundel	MARYLAND	o. STATE Maryl	and b. COUNTY A	nne Arundel						
		b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	e corporate limits, write RURAL and	give neorest town)						
		write RURAL ond give nearest tawn) Annapolis		Annap	olis	02.1						
h		d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, g	give street address)	d. STREET ADDRESS		e. IS RESIDENCE						
0		2 Thompson Street		2 Tho	mpson Street	ON A FARM? YES NO X						
		NAME OF First	Middle	Lost 4.	DATE Month	Doy Year						
		DECEASED (Type or print) MAURICE	R	HEFFORD	OF December	15 19 66						
	S. :	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED   8	L. DATE OF BIRTH		ER 1 YEAR   IF UNDER 24 HRS.						
	Ма	ale White WIDOWED	DIVORCED S	eptember 13,1	.914 Se yrs. Months	Doys Hours Min.						
	100 den	most of working lite even if retired)	ND OF BUSINESS OR DUSTRY	England	one cours /-/ 12	COUNTRY? (1.5.						
	13	ESTAN ENGINEER EN	UGINEER	14. MOTHER'S MAIDEN NAM		970117.						
		JOHN L. HEFFO	80	HIMEE	BEMONDI	•						
	15.			VFORMANT	. 112 G-LAddress E	STER ST.						
	(Ye	(If yes give wor or dotes of service) 09	18-32-4405 W	A. FRANCI	H ANNAPOL							
		18. CAUSE OF DEATH (Enter only one couse per line for	1111			INTERVAL BETWEEN ONSET AND DEATH						
		PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)  Asphyxia  ONSET AND DEATH										
		9/02 DUE TO										
		Conditions, if any, which gove (b) (b)										
		stoting the underlying couse DUE TO										
		lost. (c)			<del></del>							
2	N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T			ION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?						
	CATI	Acute Barbitura				YES 🔀 NO						
	CERTIFICATION	DDIMARY WI CONTRIBUTING (*)	SCRIBE HOW INJURY OCCURRED. (		*							
					closed self in m							
	MEDICAL	11		E OF INJURY (Home, farm, ory street, office bldg., etc.) Home	, , , , , , , , , , , , , , , , , , , ,	County) (Stote)						
	W	p.m. 12/13 1966 While of work	Not While X foctor			e Arundel Md.						
		21. I certify that I took charge of the ren		d an Autapsy 🕱 , 📗	nspectian 🔲, Inquiry 🔲	, and in my opinion						
		death resulted fram: Natural causes	], Accident [], Suici	de 🕱 , Hamicide 🗌	, Undetermined manner							
		ACTUAL ( )	/	CHIEF MEDICAL EXA		22. DATE SIGNED						
		SIGNATURE (Clarks)	ally	_M.D. ASSISTANT MEDICAL								
		EXAMINER'S NAME (Type) Charles S. Petty	. /	DEPUTY MEDICAL EX Address (Street, city	XAMINER [] y, town, or county)	12/15/66						
-	230	. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C		23el LOCATION (City ar Town)	(County) } (Stote)						
1	C	REMOVA 500+176N 12-23-66	IFt. Liwcol	N	BLADENSBUR							
	124	. FUNERAL DIRECTOR D	ADDRESS	2So. REC'D 8Y	REGISTRAR 2Sb. REGISTRAR	SIGNATURE						
	M	I M Joy to & Sous (	I Am endi	1d, DEC 2	7 1966 Juan	es judge						

VR A15ME (5)



1	)	1653!		IICAL RESEA			OF DEATH	EET, DALITM	OKE, MAKTE	16	535	
		PLACE OF DEATH a. COUNTY	nne Arunde	1	MA	ARYLAND	2. USUAL RESIDENCE ( o. STATE Mar	Where deceased yland	lived, if institution b. COUNT	Residence Anne	before admissio Arundel	n)
	1	b. CITY OR TOWN ( write RURAL opp	f autside carporate limit give nearest tawn) illersville	s, e	c. LENGTH OF STA	Y IN 1b	c. CITY DR TOWN (If a	-	limits, write RUR/ burnie	AL and give n	neorest town)	/
٥	(	d. NAME OF HOSPIT	AL OR INSTITUTION (If no Knollwood			Home	d. STREET ADDRESS	116 Poi	nt Pleas	sant R	e. IS RESID ON A FA YES	
		NAME OF DECEASED (Type ar print)	Ame:	rst lia	Middle M.		lost zerling		Month Decembe			56.
		Female	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARR	CED D	DATE OF BIRTH une 28, 1879	•	GE (In years Printhday) yrs.		Days Haurs	Min.
		. USUAL OCCUPATION ing most of warking.	I (Give kind af wark dane lite, even if retired) ROM	10b. Ki	IND OF BUSINESS OR HOSPI	tal		yland	jn country)	12. CITIZ COUN	EN DE WHAT	CHT.
	13.	FATHER'S NAME	August	Heinze	erling		14. MOTHER'S MAIDEN	Loui	se Schle	emmer		
i	1S. (Ye	WAS DECEASED EVE s, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dates o	of service 16.	SOCIAL SECURITY NO 3-32-5079		of Grace L.	Blohm,3	Addres 23 Steve		Lane	
į			EATH (Enter only one courth was caused by: IMMEDIATE CAUSE		(a), (b), and (c).)	le o	Conny	lsur	Name of the Control o		ONSET AND D	EATH
		Conditions, if ony	DUE, which gave )		Calre	1	anex	19			Year	
		stating the unde		TO (c) A	teres	uler	osin go	moral	icel		gear	~
)	ATION	PART II. OTHER SI	Congest	ONTRIBUTING	DEATH BUT NOT F	RELATED TO 1	HE TERMINAL DISEASE CO	NDITION GIVEN	Ń PART 1(a)		9 WAS AUTO PERFORME YES	OPSY ED? NO XC
	L CERTIFICATION		S UNDERLYING   CAUSE OF DEATH  MEDICAL EXAMINER)	205. DE	SCRIBE HOW INJURY	OCCURRED.	Enter nature af injury in	Part I or Part II	of item 1B.)	0.56		
20c. TIME OF INJURY Manth, Doy, Year Haur o.m.  p.m. 19  (County)  19  (County)  19  (County)									(y) (!	State)		
	100		fy that (I) (this has eceased alive an_		ded the decease	d fram 5 , and that	death accurred at		Dec: 14 fram causes o	ind an the		
	4	22a. SIGNATURE	lad He	han	·	М.С	11110	MED. DIRECTOR	STAFF PHYS.	22b. DATI 12/	14/66.	
1		22c. PHYSICIAN'S		AL.		120	22d. ADDRESS	0 C. A		01.10		

director, page 3 should be detached for use as the buriol-transit permit. Then p should be filed with the Stote Dept. of Health prior to buriol, cremotion, or removal, Page 4 moy be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been VR A15 (4) 20 M 1/66

Then please remove carbon popers. Poges 1 and 2 moval and in pny event, within 72 hours after death

completely filled in by the funeral nove carbon popers. Pages 1 and

physician and

the attending

signed by

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death

TO HOSPITAL

24 FUNERAL DIRECTOR ADDRESS
Leonard J. Ruck, Inc. Balto. Md. 21214

BURIAL, CREMATION, REMOVAL (Specify)

23c. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

23b. DATE THEREOF 12/19/166.

2Sa. REC'D BY REGISTRAR DATE DEC

23d. LOCATION (City/ar Town)

Baltimore Md.

(County)

(Stote)

GUENI L		
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		of:
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Terrantitos matro		and I canadall decopy
		Charles of the Company of the Compan
H. sandife	vyražitaji i oro	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		wed . How, Mrs. United Mr.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16536

## CERTIFICATE OF DEATH

16536

1					
1.	PLACE OF DEATH a. COUNTY ANNE ARUNDEL	MARYLAND	a CTATE AA	Where deceased lived, if institution: Residue. b. COUNTY A	dence before admission)  UNE PRUNDEL
	b. CITY OR TOWN (If autside carparate limits, write RUBAL and give nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If au	itside carparate limits, write RURAL and	
L	HNNAPOLIS	5 mos.	HNNA	POLIS	02.1
	d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspita		d. STREET ADDRESS	1. A.c.	e. IS RESIDENCE ON A FARM?
L	HNNAPOLIS NURSING & C	ONV. CENTER	201 N	1ELVIN AVE.	YES NO DE
3.	NAME OF DECEASED (Type ar print)  First  Sowned	Middle .	HEISE	4. DATE Manth OF DEATH DEC.	16 19 66
S.	SEX COLOR OR RACE 7. MARRIE WIDOWE	INEVER MARKIES	8. DATE OF BIRTH FEB.21, 18	9. AGE (In years IF UND last hirthday) Manths	
10 du	a. USUAL OCCUPATION (Give kind of wark dane ring mast of working life, even if retired)	INDUSTRY GOVT.	A NUE ARU	0	COUNTRY? S. A.
13	FATHER'S NAME		14. MOTHER'S MAIDEN I	0	
	HLEXANDER HEISE		Hugus	TA ROEDIGE	R
15	(If yes give war ar dates af service)		RICHARD E	Address	ST., ANNAPOLIS
F	1B. CAUSE OF DEATH (Enter only one cause per line	far, (a), (b), and (c).)			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (g)	rostate care	enounce		ONSET AND DEATH
	///X DUE TO				
	Canditians, if any, which gave ) (b)				
	rise ta immediate cause (a), stating the underlying cause DUE TO				
	last. (c)				
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ATIO	Arthusclerofee	Heart !	ISPESE.		YES NO
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED.	(Enter nature af injury in	Part I ar Part II af item 1B.)	
MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a.m. 19 at v		CE OF INJURY (Hame, farm tary, street, affice bldg., etc.)		(Caunty) (State)
	21. I certify that (I) (this hospital) att	ended the deceased fram	1/13 ,1	1963, to 12/16, 1	9 66, that (I) (we) last
	saw the deceased alive on/2	114 19 <u>66</u> , and tha	t death accurred at	Hils AM, fram causes and an	
	22a. SIGNATURE	lucan M.	1111111	MED. STAFF 22b.	DATE SIGNED 12-116 166
	22c. PHYSICIAN'S Richard I. t	lochman, mi	59 Frzyk	In St. Annapa	lis rud
	a. BURIAL CREMATION, 23b. DATE THEREOF	23 NAME OF CEMETERY OR	BLUFF	23d. LOCATION (City or Town)	(County) (State)
	FINERAL DIRECTOR Taylo Son	address Cunestal	UR DATE	DEC 2 0 1966	S SIGNATURE Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit fermit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation or removal, and in any event, within 72 hours after death. deoth. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the deoth certificate be executed within 24 hours after death Poge 4 may be retoined by the hospital or ottending physician. VR A15 (4) 20 M 1/66

16536 TESSE LANGUE CENTRAL DESSE 선생님 교육 이번 사는 그 그녀를 받는 것이 없는 것이 없는 것이 없는 것이 없다. The second section of the

To restricted the Aleganian Section

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 16537 funeral s 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY MARYLAND ve carban papers. Pages 1 event, within 72 haurs after the b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) .⊑ IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS YES | URSING NAME OF 4. DATE remove carban DECEASED OF DEATH Type or print' 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED -lost birthdoy) and in any DIVORCED WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) attending physician coermit. They please COUNTRY? during most of working life, even if retired) JNDUSTRY 13. FATHER'S NAME 0 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 0 burial, crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse as the has been 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? use Dept. of Health NO certificate far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (County) (Stote) TO FUNERAL DIRECTOR: After this Hour o.m. foctory, street, office bldg., etc.) State 21. I certify that (I) (this hospital) attended the deceased fram 0 by 1960, to 1966 that (1) (we) last director, page 3 shauld shauld be filed with the 1966, and that death occurred of 93 saw the deceased alive on\_ M, from causes and on the date stated above. 22b. DATE SIGNED 220. SIGNATURE **ATTENDING** 2-30-66 M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) BURIAL GREMATION NAME OF CEMETERY OR CREMATORY LOCATION (City or, Town) (Stote) 23b. DATE THEREOF (County) 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66

within 24 haurs after death be executed The law requires that the death certificate be retained by the hospital or attending Page 4 may THE THE PART HIS PROPERTY STREET, A TREAD TO STREET OF STREET WITHOUT SERVICE OF

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALT

-	16538	CERTIFICATE	OF DEATH	/10/66 mh	16	533				
1.	PLACE OF DEATH	7,11,17,11	2. USUAL RESIDEN	CE (Where daceesed lived, If in	nstitution: Resid	dence before	edmission)			
	ANNE ARUNDEL	MARYLAND	MARYLAND	b. COUNT		DET.				
-	b. CITY OR TOWN (if outside corporata limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)							
	write RURAL and give neerest town)						,			
_	FORT GEORGE G. MEADE	5 DAYS	GLEN BURNI	E	0 %	- /				
	d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospitel, give street eddress)	d. STREET ADDRESS	DOAD			A FARM?			
	KIMBROUGH ARMY HOSPITAL		718 COTTER	RUAD		YES	NO X			
3.	NAME OF First DECEASED (Type or print) LEONARD		iphrie's UMPRIES	4. DATE Month OF DEATH DECEM		oy Yee 19	66			
S.	SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED 1 8.	DATE OF BIRTH	9. AGE (In yeers	IF UNDER 1 YEA	R IF UNDE	R 24 HRS.			
10	MALE CAU WIDO	WED DIVORCED 1		66 yrs.	Months Dey		Min.			
do	ne during most of working life, even if retired)	. KIND OF BUSINESS OR INDUSTRY  S.Army	Petersbury Petersbury	ty & Stete, or foreign country)  Virginia	USA	OF WHAT	COUNTRY?			
	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME						
	Lewis Humpries Humphrie			last name unkne	own)					
15. (Ye	was Deceased Ever IN U.S. ARMED FORCES? 1s, no, or unkown) ((Ifyesgivewerordetesofservice)  Yes 1916 - 31 Dec1946		NFORMANT  S.Millicent	Humphries Address		as ite	m #2			
	18. CAUSE OF DEATH (Entar only one ceusa po	or line for (e), (b), end (c).]	1	111111		INTERVAL BE				
-	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	RDIC ARREST				ONSET AND	DEATH			
	DUE TO RUD	tured Thocacic A	ortic Aneury	ysm .						
	geve rise to immediate ceuse									
	(a), steting the underlying DUE TO									
ATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART 1(a	YES A	AUTOPSY ORMED?			
CERTIFICATION	208. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED	). (Enter nature of injury i	n Perf † or Part II of itam 18.)						
MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20	d. INJURY OCCURRED   20e. PLAC	CE OF INJURY (Home, farm rry, street, office bldg., etc	n, ' 20f. (City or town)	(County)		(Stete)			
	21. I certify that (this hospital) atte	ended the deceased from	4 Dec	19 66 to 9 Dec	1966	that OS	(we) last			
	saw the deceased alive on9 Dec.									
	228. SIGNATURE CONCILLOW. H	leagres	DING T	MED. STAFF PHYS.	9 De	cember	SIGNED			
	22c. PHYSICIAN'S		22d. ADDRESS							
	JEROLD W. SHAC	RIN.CPT.MC	KIMBROUGH	ARMY HOSP .FT (	GEO G M	EADE M	D			
23.	BURIAL CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY C		23d, LOCATION (City, low			State)			
230	BUTIAL 12/12/66	Glen Haven Mi		Glen Burnie			-,			
24	FUNERAL DIRECTOR'S SIGNATURE PALLET	Alla ADDRESS	25a. REC	D'D BY REGISTRAR 256. REGI	ISTRAR'S SIGI	NATURE				
Si	ngleton Funeral Home/G	len Burnie, Md.	DATE	DEC 1 4 1956	Jelia	reles Ja	udge.			

VR A15 (4) 20M 5-63 16532

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202 - 1926 - 17 Feet No. 218-29- 376 (Neet No. 2020) - 202

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FOR STATE HEALTH DEP DEPT.

DEPUTY MEI EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO DEPUTY ME!

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. 2 AI 5ME (5) 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	10293	M	EDICAL E	EXAMINER'S	CERTIFICAT		ATH	4	CE	1.11	
1.	PLACE DF DEAT a. COUNTY	ANNE ARUN	DEL	MARYLAND	2. USUAL RESIDENT a. STATE		b. COU	NTY			
	b. CITY OR TOW Write RURAL Anna po	VN (if outside corpora _and give nearest tov	te limits.   c.	LENGTH OF STAY IN 1b	c. CITY OR TOWN (II	outsida corpor	ate ilmits, w	rite RURAL	and giv	e neare:	st town)
			and the second second	tal, give street address)	d. STREET ADDRESS				0	. IS RES	FARM?
	Anne Aru	ndel Genera	l Hospita	al	3 Pleaser	at Court			Y	ES 🗌	NO C
3.	NAME OF DECEASED (Type or print)		Irst ELTZA BETH	Middle  DUCKETT H	Last UN T	4. DATE OF DEATH	Dece		Day	Ye:	
5.	SEX	6. COLOR OR RACE	7. MARRITO		8. DATE OF BIRTH	9. /	GE (In years ast birthday)	I IF UNDER	1 YEAR	Hours	
	emale	Negro	WIDOWED _		Mar. 7, 19	05 61	yrs.				
10e dur	Ing most of work  Domesti	TION (Give kind of work king life, even if retire C	done 10b. KiND INDU:	OF BUSINESS OR STRY ***********	A.A.Go. 1	State or foreign		C	OUNTRY S.A		
13.	FATHER'S NAM	ME			14. MOTHER'S MAIL	DEN NAME			10000		
	Themas				Elizabet	th Bail					
15 (Ye	. WAS DECEASED es, no, or unkown)	EVER IN U.S. ARMED FO	ORCES?   16. SOC		INFORMANT		Addre				
	No				ames Hunt-3	Pleasen	t Gour	t Anna			
		DEATH [Enter only or		// 10		00			ONS	RVAL BE	DEATH
	1150	EATH WAS CAUSED BY	(e) Cerell	rus Heler	god Jones	Cuy &			10	00	
	Conditions, If	any which \				0		8		acc.	
	gave rise to	Immediate (	(b)								
	cause (a), s underlying cau	staring the	(c)								
CATION	PART II. OTHER	SIGNIFICANT CONDITI		G TO DEATH BUT NOT REL	ATED TO THE TERMINAL	DISEASE CONDI	TION GIVEN IN	PART 1(a)	19. YE	WAS AL PERFOR	
CERTIFICATION	20a. EXTERNA PRIMARY OF CAUSE OF DEA	AL CAUSE WAS CONTRIBUTING THE	20b. DESC	CRIBE HOW INJURY OCC	URRED. (Enter nature o	f injury in Part	l or Part II	of Item 18	3.)		
MEDICAL	Hour e.	INJURY Month, Day, m. 19		Not While at work	ACE OF INJURY (Home, f bry, street, office bldg., (		ty or town)	(Co	unty)	(	State)
2				s described above, he	ld an Autopsy ,	Inspection	, Inqu	uiry ,	and	in my	opinion
	death resul		causes ,		icide, Homic	ide 🔲, U	ndetermined	d manner			
		& X	7	/	CHIEF MEDICA	AL EXAMINER [					olonico.
	SIGNATURE	Oper	neuelf	<u></u>	(V). U.	DICAL EXAMIN			22.	DATE	SIGNED
	EXAMINER'S NAME (Type)	E.G.Linha	rdt			CAL EXAMINER et, city, town, o		,	12/2	3/6	6.
23a	BURIAL, CREE	neclfy)		3c. NAME OF CEMETER	Y OR CREMATORY		TION (City,			(S	tate)
-	urial (Sp		27-66	Brewer Hill	LOSA DE	Annay	olis, l	REGISTRAR	and	ATRIPE	
24		E.Hicks 11	l Annapo	ADDRESS lis, Marylan	1000	27 196	12000 11	ionle	15		

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16540

CERTIFICATE OF DEATH

16541

									THE STATE OF THE S
	PLACE OF DEATH				2	. USUAL RESIDENCE (	Where deceosed lived, if in		e before admission)
1	o. COUNTY	Anne Arundel		MARYLAND		o. STATE Mary	land b.	COUNTY Ann	e Arundel
	. CITY OR TOWN (I	f autside carparate limits,		c. LENGTH OF STAY IN 16	(		utside corparate limits, writ	e RURAL and give	neorest town)
	write RURAL and	give nearest tawn)				Glen Bur		12	/
	NAME OF HOSPIT	AL OR INSTITUTION (If not i	n hospital	nive street address)		. STREET ADDRESS		00.	e. IS RESIDENCE
		Arundel Hosp		give shoot address,		P.O. Bo:	x 700		ON A FARM?
_			I Val	W.11				H at	
	NAME OF DECEASED Type or print)	first Walla	ce	Middle ₩•		lost I <b>r</b> ons	4. DATE OF DEATH	Month 12-	15 19 6 6
i. :	SEX	6. COLOR OR RACE	. MARRIED	NEVER MARRIED	8. [	ATE OF BIRTH	9. AGE (In year	rs IF UNDER 1	YEAR IF UNDER 24 HRS. Days Hours Min.
	Male	White	WIDOWED	DIVORCED	8	-10-89	lect-birthdo	rs. manths	Days Haurs Min.
	na most of working	(Give kind of work done life, even if retired)	10b. K	IND OF BUSINESS OR			& State, or foreign country)	J. 12. CIT	ZEN OF WHAT
13.	FATHER'S NAME				1,	4. MOTHER'S MAIDEN	NAME		
	Willia	m Irons			-	Luara F	leming		
15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO. 1	7. INFO	RMANT		Address	
(Ye	s, na, ar unknawn)	(If yes give war or dates af s	ervice)	53-03-1469	au	ra MacDor	ald - Same	as # 2	
	10 CAUSE OF DE	ATH (Enter only one cause	ner line for						INTERVAL BETWEEN
	PART I. DEAT	H WAS CAUSED BY:							ONSET AND DEATH
	600.0	IMMEDIATE CAUSE (o)		remia					
	Conditions, if any,	which gave )	Pv	elonephritis,	Ch	ronic			- ADD
	nse to immediat	e couse (o),		·				100	
	stoting the under	Tring cause							
		) (c)	_	TO DEATH BUT NOT RELATED 1	O THE	TERMINAL DISEASE CO	NOTION CIVEN IN PART 1/	2)	19. WAS AUTOPSY
5	Chole	elithiasis:	Gastr	ic ulcer; Arte	rio	sclerotic	cardiovascu	lar	PERFORMED?
5								arsease	YES NO
CEKITETCATION		☐ CAUSE OF DEATH	205. D	ESCRIBE HOW INJURY OCCURRI	בט. (בחו	er nature of injury in	Part I or Part II of Item 18	).)	
		MEDICAL EXAMINER)	1001	MINIST OCCUPANT	DI ACT (	or minery (II	1006 (6:1-1-1-1-1-1	n) (Cou	-t-) (5t-t-)
MEDICAL	Hour a.n		While			OF INJURY (Home, for street, office bldg., etc.		11) (COO	nty) (Stote)
-	p.r	n. 19	at wor	rk 🔲 at work 🔲	10.2		- 66	1.4	<i>f</i>
	21. I certi	fy that (I) (this haspi	tal) atten	nded the deceased fram	TNA	V • 19	19 00 , to Dec.	14, 190	that (I) (we) las
		eceased alive an De	C. 15	19 <u>66</u> , and t	hat d	eath accurred at	1_4:25#M, from cou		
	22a. SIGNATURE	6, 4, 6, 7	11-1	1/2 1_		ATTENDING X	MED. STAFF		TE SIGNED 15, 1966
		1/11/1/1/	1/	lant m	M.D.	PHYS. 22d. ADDRESS	DIRECTOR L PHYS.	Dec	7),1700
	22c. PHYSICIAN'S NAME (Type		A. To	lentino, M.D.			Burnie, Md.		
30	. BURIAL, CREMATIC REMOVAL (Specify	N, 23b. DATE THERE		23c. NAME OF CEMETERY			23d. LOCATION (City		(Caunty) (State)
	REMOVAL (Specify		6	St. Cather	ine	's Cemete	eny Seagi	rt New,	
24	FUNERAL DIRECTO	RAL /	7	ADDRESS	1	250_ REC		b. REGISTRAR'S SI	
X	Vinter	NIVINA / 196	an 1.	Vernie mi	1.	DATE	7 0 1000	Charles	Judge.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and completely filled in by the funerol director, page 3 should be detached for use as the burial-tronsit permits. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, acceptod, and in any event, within 72 hours after depth. Poge 4 moy be retoined by the hospital or attending physicion.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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O FUNERAL DIRECTOR: After

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VR A15 (4) 20 M 1/66

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filled in by the funeral papers. Pages 1 and

16541 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY ANNE ARUNDEL ANNE ARUNDEL MARYLAND MARYLAND b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b GLEN BURNIE e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? NORTH ARUNOEL HOSPITAL RT. #2 BOX 83 MARLEY CREEK 3. NAME OF Middle 4 DATE First Lost Month Doy Year DECEASED 9 TITNER 19 66 WILHELMINA DECEMBER (Type or print) DEATH S. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED birthdoy) Doys Hours DIVORCED FEB. 2. 1892 FEMALE WHITE 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY U.S.A. DWN HOME MARYLAND HOME MAKER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EMMA ELERT GEORGE SMITH 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (Yes, no, or unknown) (If yes give war ar dates of service 217/01/37950 EMMA V. THALBERG SAME AS # INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse last 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Yeor (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. Not While ot work 21. I certify that (1) (this haspital) attended the deceased fram Daw 19 60 to Dec Occ 3 19 4, and that death accurred at 12 15 (M. fram couses and an the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) 13.1966 PARK GLEN HAVEN MEMIL GLEN BURNIE. MO. ADDRESS 250. REC'D BY REGISTRAR
DEC 1 4 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR R.V. SINGLETON GLEN BURNIE. MO.

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Items 18-21 Film 385 2-1-WARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16542 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT: 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY P.M.3. Page deloy is Deportment of Anne Arundel and 3 to death. Maryland Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) after Severn Glen Burnie d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours farm pencil in Item 18. Give Pages 1, North Arundel Hospital Box 52, Disney Road YES NO N the Stote 24 hours after death. Office along with 3 NAME OF Middle 4 DATE Lost Month Year within 72 DECEASED (Type or print)BERNOD OF DEATH XXXXXXXXXX **JACKSON** 29 December 19 66 with 1 B. DATE OF BIRTH 9. AGE (In years YFAR I IF UNDER 24 HRS 6. COLOR OR RACE IF UNDER 7. MARRIED NEVER MARRIED 31 yrs. Hours Dovs 4/9/1935 Male White WIDOWED DIVORCED event pages lond 2 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Gasons Eta. COUNTRY? Odenton, Maryland ony 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within Mabel Haines Lemuel Jackson WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, ar unknown) (If yes give wor or dates af service) removal, the Chief Medicol 212-34-1406 Thelma Smith- 305 Phelps Ave.GlenBurnie 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH 0 Septicemia IMMEDIATE CAUSE (a) \_ writing the word buriol, cremation, DUE TO Conditions, if ony, which gove Intra and Retroperitoneal infection rise to immediate cause (a). forworded to DUE TO stoting the underlying couse 0 Rupture of duodenum 05 used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? CERTIFICATION certificote, YES X NO 0 pe 4 should be 20o. EXTERNAL CAUSE WAS PRIMARY ☐For CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) its designated ogent, prior 3 should AL EXAMINER: Driver of auto into fixed object CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Doy, Yeor 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Not While may be retoined for your FUNERAL DIRECTOR: Poge 3 DOTK 12/ 21 19 66 of work Anne Arundel Md. Odenton Page ot work 21. I certify that I taak charge of the remains described above, held an Autopsy [x], Inspection . Inquiry [ ond in my opinian death resulted from: Notural causes the funeral director. Accident 3 Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5 may be TO FUNERAL Health or i DEPUTY MEDICAL EXAMINER 12/30/66 **EXAMINER'S** Charles S. Petty NAME (Type) Address (Street, city, town, or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) (Stote) (County) BU REMOVAL (Specify) 1/3/67 Glen Haven Memorial Pk. Glen Burnie, Maryland 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS

Glan Burnia, Md.

Home/

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DATE

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VR A15ME (5)

VR AIS (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH

10543

CERTIFICATE OF DEATH

16544

1. PLACE OF DEAT	/H			- 1	2. USUAL RESIDENC	E (Where decea			nce before admission
	Arundel		MADVI	AND	a. STATE Mary land		b. COUNT		
	NN (if outside corporate L and give nearest town	e limits,	c. LENGTH OF STAY		c. CITY OR TOWN (If	outside corpo	Anne A		give nearest town
Annap	oolis				Annapolis				02.1
d. NAME OF HO	OSPITAL OR INSTITUTION	N (if not In hos	spital, give street ad	idress)	d. STREET ADDRESS				e. IS RESIDENC
	Hospital, An	napolis	, Md.		Church Cir	cle, Mar	ryland [	nn	YES NO X
3. NAME DF DECEASED	Fir		Middle		Last	4. DATE OF	Month		ay Year
(Type or print)	Char		Day		JACKSON	DEATH	Dece		19 19 66
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	X 8	. DATE OF BIRTH	9.	AGE (In years II last birthday)	FUNDER 1 YE Months   Day	AR IF UNDER 24 HR
Male	Cauc	WIDOWED	DIVORCED		2 June 1884		82 yrs.		s Hours will
10a. USUAL OCCUPA during most of wor	TION (Give kind of work of king life, even if retired		ND OF BUSINESS OR DUSTRY		11. BIRT HPLACE (Co	unty & State, or	r foreign country)	12. CITIZE	EN OF WHAT TRY?
	usician ret	US	Navy		unknown			USA	9
13. FATHER'S NAI	ΛE				14. MOTHER'S MAID	EN NAME			
Charles	Jackson				Maro	aret Da	v		
15. WAS DECEASED	EVER IN U.S. ARMED FOR	RCES?   16. S	OCIAL SECURITY NO.	17.	INFDRMANT	a. 00 - a		emple S	St.
ves	WWI II		none	Mrs	Anna G. D	av-adm.			
	DEATH [Enter only one							I IN	ITERVAL BETWEEN
	EATH WAS CAUSED BY:	. 1	131.000		HEAR	5 5	01211	0	INSET AND DEATH
1550	IMMEDIATE CAUSE		1100511	06	MERK		17 00		
Conditions, If	DUE 1	10 /11	101111 12	0-	TRUCTIVE	TP.	" E	2	
gave rise to	immediate /		CONICO	100	Y JEHEIIE	2 14/4	m. Cm	11/50	ma
cause (a),					- /	1		397	
underlying cau		(0)	EPATO.	mp	OF	IUEK			
PART II. OTHER  PART II. OTHER  20a. ACCIDENT OR CONTRIBUT OR FITHER, NO	SIGNIFICANTCONDITIO	NS CONTRIBUT	ING TO DEATH BUTNO	OTRELAT	ED TO THE TERMINAL D	ISEASECONDI	TION GIVEN IN P		9. WAS AUTOPSY PERFORMED? YES NO 7
20a. ACCIDENT	WAS UNDERLYING TING CAUSE OF DEAT	TH	SCRIBE HOW INJUR	Y OCCUP	RED. (Enter nature of	Injury In Part	I or Part II of	Item 18.)	
	INJURY Month, Day, Y		JURY OCCURRED 120	0. 01.40	F OF INITIDY/Ilome for	1 204 (01	lår og ågum)	(O aua hu)	(Choto)
Hour a.		While at work	Not While at work		E OF INJURY (Home, fa y, street, office bldg., et		Ity or town)	(County)	(State)
	fy that (I) (this hosp	ital) attended	the deceased fro	om ]	Sept. 10	66 to 1	9 Dec.	19 66	that (I) (we) las
		9 Dec.			death occurred at 2	35 M from	the causes a	nd on the d	that (!) (we) last late stated above
22a SIGNATU		11 12	1 11	id that	acatii coociica a	111, 11 011	1 1110 000000 0	22b. DATE	
K	· · (/a)	/ //	un//	M.D.	ATTENDING A	MED.	STAFF PHYS.	12-1	19-66
22c. PHYSICI	AN'S		The state of the s	M.U.	1 22d. ADDRESS	TRECTOR	PRYS.	12-1	13-00
NAME (1		LIGHL LN	MC USNR			OSPITAL	ANNAP	OLIS N	4D.
23a. BURIAL, CRE	MATION, 235. DATE T	HEREOF	23c. NAME OF CEN	METERY	OR CREMATORY	23d. LOCA	ATION (City, tov	vn or county)	(State)
REMOVAL (Sp Buria	12/2:		St. Mar	yls	Cemetery	Ann	apolis,		Md.
He FUYENLDIR	Ector Hopping	13,	ADDRESS	m1		'D BY REGISTI		GISTRAR'S SI	GNATURE
	uneral Home	- Anna	polis, Md.	Jen	DATE D	EC 22	1966	Marl	es Judge.
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12. CITIZEN OF WHAT

COUNTRY?

e. IS RESIDENCE ON A FARM?

YES NO

Year

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IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY PERFORMED?

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22. DATE SIGNED

(State)

NO

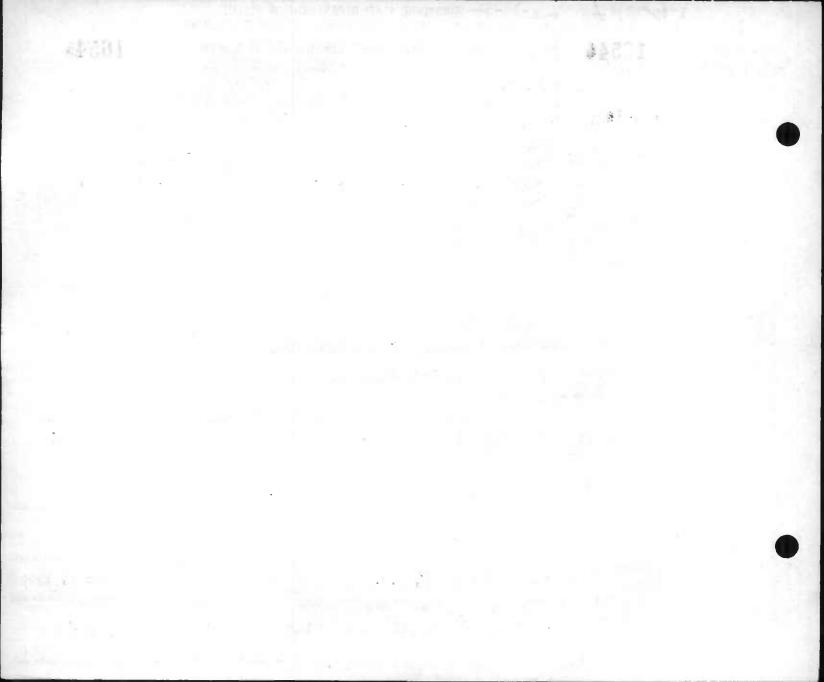
(State)

YES X

(County)

(County)

Health ar 23a. BURIAL CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 2 24. FUNERAL DIRECTOR ADDRESS 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR ALSANE (5) 6M 1/80



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 21 16545 OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH b. COUNTYA o. COUNTY ANNXE Anne Arundel o. SMaruland MARYLAND b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Glen Aurnie 1 mo Severn e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS NO T 2 Box 150 North Arundel Hosp. Rt. 3. NAME OF Middle 4. DATE Day Year DECEASED DEATH (Type or print) THOMAS SEL BY REFEREY DECEMBER S. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** last birthday) Months Hours DIVORCED WIDOWED White Jan. 1897 69 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR during mast of wesking life, even if retired) SETTEMP. COUNTRYA A.A. Co. Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Enos Jeffrey Clara H. Hood 16. SOCIAL SECURITY NO 17. INFORMANT Address IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give war or dates af service) 218-36-5590 Emory Downs. Same as # INTERVAL BETWEEN CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (g) DUE TO Conditions, if any, which gave (b) rise ta immediate cause (a), DUE TO stating the underlying cause last. WAS AUTOPS PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? CERTIFICATION NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) 20d. INJURY OCCURRED 20f. (County) 20c. TIME OF INJURY Manth, Doy, Year factory, street, office bldg., etc.) Haur o.m. 1966, to December 8, 1966, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased fram. saw the deceased alive an December 9 1966, and that death occurred at XPM, fram causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE M.D. PHYS. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) eric 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) 12/12/66 Friendship Cemetery Maryland A.Co. 2Sb. REGIŠTRAR'S SIGNATURE ADDRESS 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR

Home/Glen Burnie, Md.

requires that the death certificate be executed within 24 hours after death. ond ond completely filled in by the funeral remove corbon papers. Pages 1 ond ve corbon papers. Pages 1 event, within 72 hours after in ony physicion c pleose ond e ottending physic... signed by the ottendi burial-transit permit. burial, cremation, or n physician for use as the Health prior to k **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low re Page 4 may be refained by the hospitol or ottending has been TO FUNERAL DIRECTOR: After this certificate be detoched for State Dept. of H О director, page 3 should should be filed with the

VR A15 (4) 20 M 1/66

Singleton

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			into nu Vite	Table N		

pages 1 and 2 with the State Department of in any event within 72 haurs after death. pup Elle Health ar its designated agent, priar to burial, cremation, ar remaval,

the funeral directar. Page 4 shauld be farwarded ta the Chief Medical Exempine 5 may be retained far yaur files.

10 FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit.

in Item 18. Give Pages 1,

in pencil

"pending"

necessary, please execute the certificate, writing the ward

VR A15ME (5)

TO DEPUTY MEDICAL EXAMINER:

This certificate shauld be executed within 24 hours after death. If

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16546 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	1. PLACE OF DEATH					IDENCE (Where of	deceased lived, i		dence befare adm	
	o. COUNTY Ann	ne Arundel	County	MARYLAND	o. STATE	aryland	Anne 6	D. COUNDY	nce Ge	orge
	b. CITY OR TOWN	(If outside corporate limi d give nearest tawn)	ts,	c. LENGTH OF STAY IN 1b	c. CITY OR TO	WN (If outside o	arparate limits,	write RURAL ond	give nearest taw	n)
		,			L	aurel			02.1	
	d. NAME OF HOSPI	TAL OR INSTITUTION (If I	at in haspital, g	ive street address)	d. STREET ADI				e. IS F	RESIDENCE A FARM?
4	Non	th Arundel	Genera		В	ox 1460		1	YES {	NO
	3. NAME OF DECEASED		irst	Middle	Last	4. D		Manth	Day	Year
	(Type or print)		ORGE	Robert	JENKIN	S,Jr. D	EATH	12		19 66 NDER 24 HRS.
	S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRT		9. AGE (In last birt	thday) Month		
	Male	White N (Give kind of work done	WIDOWED	DIVORCED X	Nov.5	ACE (Stote or fore		yrs.	. CITIZEN OF WHA	T.
	during mast of working	life, even if retired)	INI	DUSTRY	1	,	igii cuuiiiy)	12.	COUNTRY?	11
	Carpent	er.	COL	structaan	Wash.	MAIDEN NAME		U	DA.	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	R. Jenkin	e en			ian M.	Tinne	++		
	15 WAS DECEASED EV	ER IN ILS ARMED FORCES	16 9	SOCIAL SECURITY NO. 1	INFORMANT	ran M.	TThhe	Address	D 01	~~
	(Yes, na, ar unknawn) No	(If yes give war ar dates	of service)	5-32-9176	Mrs. Geo	rge K	Jenkin	s,Rt.T	, Box 2	79
	18. CAUSE OF D	EATH (Enter anly one co			Charlot	те нат	L, Ma.			BETWEEN
	PART I. DEA	TH WAS CAUSED BY:	(a) Crus	hing Injury	of Chest				ONSET A	ND DEATH
1	8/6	//	E TO							
	Canditians, if any rise to immedia		(b)							
	stating the unde		E TO							
	last.	)	(c)	O DELTH BUT NOT BELLTED	O THE TERMINAL D	CELCE CONDITION	00/50 10 0 10	7.1/ \	19. WAS	ALITODOV
2	PART II. OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT RELATED	O THE TERMINAL D	SEASE CONDITION	GIVEN IN PAR	1 1(a)	PERF(	ORMED?
	20a. EXTERNAL C. PRIMARY E or CC	ALISE WAS	20h DE	SCRIBE HOW INJURY OCCURR	D (Enter nature of	injunc in Part L	ar Part II of iter	n 18 1	YES X	NO NO
i	20a. EXTERNAL CO PRIMARY Or CC CAUSE OF DEATH.	INTRIBUTING							N. Bour	
		URY Manth, Day, Year	20d. IN	to-auto Accie	<u>lent Dec</u> Place of Injury (H	eased W	<u>as priv</u> 20f. (City ar	town)	lane of	(State)
2	⊞ Hour 🗯	m. 12 20 <sup>19</sup>	While	- Not While -	foctory, street, office	bldg., etc.)		Amma	Arundel	ма
				nains described abave,	Street held on Autons	v X Ins	pectian .	Inquiry		my apinian
		ted from: Natur	_			omicide		ined manner		ny apinan
		1/1/5	7 0			MEDICAL EXAMI				
	ACTUAL SIGNATURE	(ME)	Cet Ce	white	M.D. ASSIS	TANT MEDICAL EX	AMINER X		22. D	ATE SIGNED
2	EXAMINER'S NAME (Type)	Rudiger	Breiten	ecker, M.D.		TY MEDICAL EXAM ess (Street, city, 1		)	12/	/21/66
	23a. BURIAL, CREMATI	1		23c. NAME OF CEMETERY			,	ity ar Town)	(County)	(State)
	Burial Specific		3,1966	St. Mary's	Cemete			,Charl	es Co.	,Md.
	24. FUNERAL DIRECTO		77 7	ADDRESS	1	2Sa. REC'D BY RI		25b. REGISTRAR	SSIGNATURE	m2.
	Arehart	Funeral	Home J	nc. La Pla	ta.Ma.	DEC 3 (	1966	1	The state of	

16547

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## MARYLAND STATE DEPARTMENT OF HEALTH PIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH LACE OF DEATH COUNTY MARYLAND 2. USUAL REGIDENCE Where decessed lived, If institution residence below as become below as below as a country by the count

1. PLACE OF DEATH	2. USUAL REGIDENCE (Where decessed lived, If institution Residence before agmission)
	e. STATE b. COUNTY
MARYLAND	CIT! ON TOWN (If outside corporete limits, write RURAL and give neerest town)
b. 217YOR TOWN (if outside corporate limits,	E. CITE OR TOWN (If outside corporate limits, wive KOKAL and give nearest town)
1 /// WITH HALL	1 (1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS O. IS RESIDENCE
10-3-31/11 at Xt	103 3 11 ONT INTERIOR
1955 West or	1955 MILLIN SIV YES NOW
3. NAME OF First Middle	Last 4. DATE Month Day Yeer
(Type or print)	M/ OF DEATH 17 78 1066
	B. DATE OF BIRTH 9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Deys Hours Min.
TOMENO WIDOWED DIVORCED	11-75-1897- 745
106. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUST	RY TT. MRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
dong during most of working life, even if retired)	MA LINE
Monusianus.	Mac divin
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
I mmilal songan	SIRM CONTRADOMIEN.
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address
(Yes, no, or unkown) (Ifyesgivewerordetesofservice)	MI CAMARIA
Marie	Daderassannasna (1/1/1/19110)
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a) Carcinoma of the	Colon l year
153.8 DUE TO	
Conditions, if any, which ) (b)	
geve rise to immediate cause	
(e), steting the underlying DUE TO	
cause lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
TATE OF THE PROPERTY OF THE PR	YES NO T
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT N  20a. ACCIDENT WAS UNDERLYING  CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHER MEDICAL EXAMINER)	D. (Enter neture of injury in Pert I or Pert II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH	D. (shipt herete of thistly in February
U (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PL	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
D HOUL 8.W.	ctory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	November 12:05 to Dec. 28 , 19.66, that (I) (we) last
thec. 28 10.66 and the	at death occured at
	22b. DATE
22a SIGNATURE	ATTENDING MED. STAFF SIGNED.
J. J. Can	M.D. PHYS. DIRECTOR PHYS. 12-28-66
22c PHYSICIAN'S	22d. ADDRESS
NAME (Type) R. L. RICHARDSON, M.D.	110 Clay St., Annapolis, Md., 21401
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county)
BEMOVAL (Specify) M=31-66 13 APM	LEVALUE (VALUE CANDERS ) 1/1CC
DIVINICIA DE OFICIO	25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
27, TUNERAL DIRECTOR'S SIGNATURE ADDRESS	DIEC 29 1966 Milarles Judge
IIII VX COMIKO OLVH INAMA	DATE DEC 23 1900

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Tree 38 100 66 18.00 18.00 Bree 28 166

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
16548
CERTIFICATE OF DEATH

	16548			CERTIF	ICATI	OF DEATH	1		165	49
1.	PLACE DF DEATH a. COUNTY	nn Arundel		MAI	RYLAND	2. USUAL RESIDEN  a. STATE	CE (Where decease ryland	b. COUNTY	ANNE A	e before admission)
	b. CITY DR TDW	N (if outside corporat	te Ilmits,	c. LENGTH OF ST		c. CITY DR TOWN (I	outside corpora	te limits, write	RURAL and g	ive nearest town)
		len Brunie	",	1 Year		Gle	en Burnie		1	22.1
	d. NAME OF HOS	SPITAL OR INSTITUTIO	ON (if not in I	hospital, give street	address)	d. STREET AOORESS				e. IS RESIDENCE ON A FARM?
	Nor	th Arundel	Hosp.			407 Old Sta	age Rd.			YES NO X
3.	NAME DF DECEASED (Type or print)	Floss	rst ie	Middle A.	Jone	Last	4. DATE DF DEATH	Month Dec.	0a:	y Year 19 66
5.	SEX	6. CDLOR OR RACE	7. MARRIE	NEVER MARR	IED [ ]	. OATE DE BIRTH	9. AG			R IF UNDER 24 HRS. Hours   Min.
	Female	White	WIOOWED	DIVOR	CED	July8, 1898	68	yrs.		
1D du	a. USUAL OCCUPAT ring most of work House	ION (Give kind of work ing life, even if retire Wife	done 10b.	KIND OF BUSINESS INDUSTRY	OR	Balto. Mo		oreign country)	12. CITIZEN COUNTR U. S	OF WHAT
13	. FATHER'S NAM				1700	14. MOTHER'S MAIL				
	Christ	opher Ebenh	ack			Eleanor	?			
1!	. WAS DECEASED	EVER IN U.S. ARMEO FO	RCES?   16	. SOCIAL SECURITY	NO.   17.	INFORMANT		Address	len Bur	nie, Md.
1	No	(11 yes give was or pates o	il service)		Mrs	. John E. Os	sterman 4		tage Rd	
	18. CAUSE OF	DEATH [Enter only on	e cause per	line for (a), (b), and	(c).]	Ve 1				ERVAL BETWEEN SET ANO DEATH
	PART I. OF	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a)	Dan	ay	Trans	res			SET AND DEATH
	420.1	OUE		000		1				
	Conditions, If	any, which	(b)		- 1					
	gave rise to cause (a), s		TD							
_	underlying caus	se last.	(c)						- 110	WAS AUTORSY
CERTIFICATION	PART II. OTHERS	SIGNIFICANT CDNDITIO	ONS <u>CONTRIE</u>	SUTING TO DEATH BU	afil	TEO TO THE TERMINAL	OISEASE CONDITI	ON GIVEN IN PA		PERFORMED?  YES ND
	2Da. ACCIDENT DR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING TING CAUSE DE DEATHER MEDICAL EXAMI	TH NER)	DESCRIBE HOW IN	JURY OCCU	RRED. (Enter nature o	of injury in Part i	or Part II of I	tem 18.)	
MEDICAL	20c. TIME OF Hour a.r		Year   20d. While at wo	6 MAT MAILIE	20e. PLA facto	CE OF INJURY (Home, fry, street, office bldg.,	arm, 2Df. (City	or town)	(County)	(State)
2		fy that (I) (this hos			from	1.14-64	9 to	476	1966	that (I) (we) last
		ceased alive on		19		death occurred at.	M, from	the causes an	d on the da	te stated above.
	22a. SIGNATU	RE 8	hold		M.D	ATTENOING PHYS.	MEO. OIRECTOR	STAFF HYS.	22b. DATE S	IGNED
	22c. PHYSICIA NAME (T	AN'S) AAR	24	8. 41h	BEL	22d. ADDRESS	5 4	dhin	Is C	tui
23	a. BURIAL, CREM	MATION, 23b. DATE	THEREOF	23c. NAME OF	CEMETERY	OR CREMATORY	23d. LOCAT	ION (City, town	or county)	(State)
	Burial (Sp		, 1966	Balto. 1	Nat. C		Balto			
2	4. FUNERAL DIRE	ector Schwab 351	2 Frad	AOORESS	Rol+A	I DEC	3 0 1960			INATURE
	u. Iruman	I SCHWAD 33T	Z rred	SITCK WAG.	Datro	. PICE   DATE		2.7		

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16549

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

16550

FOR ST.	ATE	10953	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	16550
HEALTH	DEPT.	1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived, if	
is to de	40 to 1	o. COUNTY Anne Arundel	MARYLAND	o. STATE Maryland	Anne Arundel
delay is and 3 to A3. Page	Department of rs after death.	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, w	
y delc and PM3.	partmafter	write RURAL ond give nearest town) Rural - Gambrills	75-1 5-7	Gambrilla	02.1
- 61	affa	d. NAME OF HOSPITAL OR INSTITUTION (If not i	n hospitol, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE
es 1, form	hours	D.O.A. Kimbrough Hos		Box 648	ON A FARM? YES NO X
death. Page with f	State 2 hour	3. NAME OF First	Middle	Lost 4. DATE	Month Doy Year
death e Pag with	02	(Type or point) Frances	Ruth	_ OF _	
after death. I 8. Give Pages along with far	with the			8. DATE OF BIRTH 9. AGE (In y	
18. alc	* *	female caus.	DIMENSION DI	Apr. 23. 1917 lost birth	doy) Months Doys Hours Min.
haurs Item 1 Office	land2	10o. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT
4		during most of working life, even if retired) housewife	INDUSTRY		COUNTRY?
	pages l in any	13. FATHER'S NAME		Cincinnati Ohio  14. MOTHER'S MAIDEN NAME	USA
within pencil xomine	od ii	John Carlton		N-334 - E	
	and	1S. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	Nellie Emery	Address
g: B	E E	(Yes, no, or unknown) (If yes give wor or dotes of s	ervice)		
d be executed d "pending" in Chief Medica	ansit permita ar remaval,	18. CAUSE OF DEATH (Enter only one couse	219-10-1054 Rue	dy Jones-husband same	as #2 above
"per	r re	PART I. DEATH WAS CAUSED BY:	Carline! (Vial	un!	ONSET AND DEATH
555		1124, 4 IMMEDIATE CAUSE (o)	court		yana C
should ward the Ch	rial	Conditions, if ony, which gove ) (b			
9 4 5		rise to immediate couse (o), Stating the underlying couse			
ng ded	as a I, cre	last. (c)			
s certificate s, writing th farwarded t	used as burial,	PART II. OTHER SIGNIFICANT CONDITIONS CON		THE TERMINAL DISEASE CONDITION GIVEN IN PART	(o) 19. WAS AUTOPSY
e, v fan	o ns	200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH	**************************************		PERFORMED?  YES NO
This icate, be fa	d be or to	200. EXTERNAL CAUSE WAS	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II of item	
= 7	shauld it, priar	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.			/ / / / / / / / / / / / / / / / / / / /
EXAMINER: ute the cert age 4 shauld	. co =	20c. TIME OF INJURY Month, Doy, Yeor Haur o.m.		CE OF INJURY (Home, form, 20f. (City or to	wn) (County) (Stote)
XAM te th ge 4		Haur o.m.	While of work of work of och	ory, street, office bldg., etc.)	
MEDICAL EXA please execute director. Page etained for yo	IRECTOR: Pa	21. I certify that Ltook charge	of the remains described above, he	eld an Autapsy , Inspection	Inquiry and in my apiniar
Ale exe	<b>DIRECTOR:</b> s designate	////		ide , Hamicide Undetermin	
MED. CA	REC	1240	,7')	CHIEF MEDICAL EXAMINER	
	0 0	SIGNATURE ( MIN)	ult	M.D. ASSISTANT MEDICAL EXAMINER	22. PATE SIGNED
EPUTY SSary, funeral ay be	RAI	EXAMINER'S	1 //-	DEPUTY MEDICAL EXAMINER	1/1/6
DEPUTY cessary, e funera may be	FUNERAL alth ar it	NAME (Type)	LINDAKOLT	Address (Street, city, town, or county)	12/11/66
o DEPUTY necessary, the funera 5 may be	TO FUNERAL Health ar	230. BURIAL, CREMATION, 23b. DATE THERE	OF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City	or Town) (County) (State)
-	Ĕ	REMOVAL (Specify) Burial Dec. 19	.1966 Arlington N.	ational Cem. Ft. Mye	
VP A1	15ME (5)	Beverier Hopping	Benefley & Hope	to a	5b. REGISTRARIS SIGNATURE Judge
	1/66	HOPPING FUNERAL HOME	Annapolis, Ma	DATE DEC 20 195	00

TOTAL IN THE RESIDENCE OF THE PROPERTY OF THE -1----

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16550	CERTIFICATE	OF DEATH		16551			
1. PLACE OF DEATH 0. COUNTY Anne Arundel	MARYLAND		here deceased lived, if institution yland b. COUNTY	n: Residence befare admission) Y Prince George			
b. CITY OR TOWN (If autside carparate limits,  Write BUBA and give Beggs to m)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)  Beltsville					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	ital, give street oddress)	d. STREET ADDRESS  4616 Blackwood Road  e. IS RESIDENCE ON A FARM2 YES \( \sqrt{NO} \)					
3. NAME OF DECEASED (Type or print) FRED	$\mathbf{H}_{ullet}^{Middle}$	JONES	4. DATE OF December	17.			
S. SEX 6. COLOR OR RACE 7. MARK MALE WHITE WIDOW		DATE OF BIRTH Sept. 3, 188		Manths Days Hours Min.			
100. USUAL OCCUPATION (Give kind of work done Progressive for the first done)	ob. KIND OF BUSINESS OR NATURE Y Yard	11. BIRTHPLACE (County & PENNSY I	Stote, or foreign country) VANIA	U. CITIZEN OF WHAT			
13. FATHER'S NAME Milford Jones	6	14. MOTHER'S MAIDEN N Clentoni					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yandor unknawn) (If yes give war or dates of service)		omas E. Jo	Address nes Sr. Same				
stoting the underlying cause DUE TO			clerais	INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	TING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO			
200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. TIME OF INJURY Manth, Doy, Year Hour o.m.	05. DESCRIBE HOW INJURY OCCURRED. (	Enter nature of injury in P	'art I ar Part II of item 18.)				
20c. TIME OF INJURY Manth, Doy, Year Hour o.m. 19		E OF INJURY (Home, form, ary, street, office bldg., etc.)	20f. (City or town)	(County) (State)			
21. I certify that (1) (this hospital) a sow the deceosed olive an 143 C	ittended the deceosed from 1966, and that	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS. D	nd an the dote stated obave 22b. DATE SIGNED			
23a. BURIAL, CREMATION, BURING THEREOF 10/12/66	23c. NAME OF CEMETERY OR 6 Cedar Hill	YORY	23d. LOCATION (City or Town	n) (County) (State) P.G. Md.			
24. FUNERAL DIRECTOR Francis Gaschis Sons H	ADDRESS  Hyattsville, Md.			ISTRAR'S SIGNATURE Clearly Judge			

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 moy be retained by the hospital or ottending physicion.

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then blease remove corban papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, crematian, or removo, and in any event, within 72 hours after death

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Degree .		y svi	Tr.C	ulors

FOR STATE

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File bage, land 2 with the State Department of Health ar its designated agent, priar to burial, crematian, ar remaval, and in any event within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16551

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

16552

	I. PLACE OF DEATH o. COUNTY				here deceosed lived, if inst		before odmissi	ion)
	Anne Aru	ndel	MARYLAND	Maryland b. COUNTY Anne Arundel				
	b. CITY OR TOWN (If outside corp write RURAL and give nearest	porote limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If our	side carporote limits, write	RURAL ond give r	neorest town)	
	Write KUKAL and give nearest	iown)		Severr	a Park	02.1		
	d. NAME OF HOSPITAL OR INSTITU	ITION (If not in hospitol, give	e street oddress)	d. STREET ADDRESS			e. IS RESI ON A F	DENCE
4	North Ar	undel Genera	l <b>H</b> ospital	Box 31				NO
1	3. NAME OF DECEASED	First	Middle	Lost	A.F.	lonth		ear
	(Type or print)	LILLIAN		JONES	DEATH	12		66
	S. SEX 6. COLOR OF	R RACE 7. MARRIED	- WEATH WILLIAM	8. DATE OF BIRTH	9. AGE (In years		YEAR IF UNDE	R 24 HRS.
	Female Negr	O WIDOWED	DIVORCED [	3-19-1923	lost birthdoy 43 yrs			min.
	10o. USUAL OCCUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZ	EN OF WHAT	
	during most of working life, even if ret	Pri	nting	Baltimore	, Md.	U.B.	A.	
	13. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME			
	Charles Wells	5		Anna Nel	son			
	15. WAS DECEASED EVER IN U.S. ARME	D FORCES? 16. SOC	CIAL SECURITY NO. 17.	INFORMANT	A	ddress		
	(Yes, no, or unknown) (If yes give wo	212	-20-8222 M	rs. Elsie	Collins 40	23 Ceda	ardale	Rd.
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)							TWEEN
	PAKI I. DEATH WAS CAUSE	PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH  ONSET AND DEATH						
	8/2. 4 DUE TO							
	Conditions, if ony, which gove (b) (b)							
- 1	stoting the underlying couse DUE TO							
	lost.	(c)						
- [	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							OPSY MED?
	ATIC	Acute	Ethylism				YES	NO 🔀
	200. EXTERNAL CAUSE WAS PRIMARY ED OF CONTRIBUTING C	20b. DESCR	RIBE HOW INJURY OCCURRED.	(Enter noture of injury in F	ort I or Port II of item 18.)			
-		Auto	-Pedestrian A	ccident -	Dec. Was Pe	d.		
12	20c. TIME OF INJURY Month, Do	- (7	RY OCCURRED 20e. PLA	CE OF INJURY (Home, farm,	20f. (City or town)	(Count	(y)	(Stote)Md
7	7:30 Hour 12 9	19 66 While of work	Not While S	tory, street, office bldg., etc.)	Earleigh 1	Heights		
	21. I certify that I too		ins described abave, he			nguiry 🗍,	ond in my	
	· ·	deoth resulted fram: Natural couses . Accident X, Suicide . Homicide . Undetermined manner						
1	1//	CHIEF MEDICAL EXAMINER						
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER X						22. DATE	SIGNED
		DEDUTY MEDICAL EVALUATION						0/66
)	NAME (Type)				city, town, or county)		12/1	5/00
	DEMOVAL (Conside)	1	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or	Town) (C	ounty) (	Stote)
	Burial  24. FUNERAL DIRECTOR	12-14-66	Balto. Nat		Baltimo	re. Md.		
V	24. FUNERAL DIRECTOR		ADDRESS		BY REGISTRAR 2Sb.	REGISTRAR'S SIGN	NATURE	LR.
	Morton & Dyet	t F. H. 17	Ol Laurens	St. DATE OF	r. 1 2 1966	goliane	Daniel De	

VR A15ME (5) 6M 1/66

57.0

1		DIVISION OF	STATISTIC	MAR AL RESE	YLAND ST ARCH AND	ATE DEF	ARTMENT	OF HEAL	TH ET, BALTIMO	RE 1, MAR	YLAND	
# E E		16552		Item	CERT	IFICATI	OF DEA	TH	300 la	165	53	71
the funeral ges 1 and 2 after deam.	1.	PLACE DF DEATH a. COUNTY				MARYLAND	Z. USUAL RESID a. STATE	ENCE (Where	deceased lived, If In		nce before ad	mission)
hours after in by the frs. Pages 1 hours after		b. CITY OR TOWN (if of write RURAL and a Glen Burns	utside corporate ive nearest town	limits,	c. LENGTH OF	STAY IN 1b			orporate limits, wi	rite RURAL end	give neares	t town)
fille fille appe		d. NAME OF HOSPITAL		(if not in h	ospital, give str	eet address)	d. STREET ADDRE		ld		e. IS RESI ON A F	IDENCE ARM? NO
ted withi completel ve carbon event, wit	3.	(1) po or print)	Stella Firs	st	Middl		one s	4. DAT DF DEA	E Mont	h I	yea 196	
xecu and any		emale	W	WIDOWED		DRCED	Nov. 11,		9. AGE (In years last birthday) 45 yrs.	Months   Day	's Hours	Min.
be ase		USUAL DCCUPATION (Ging most of working life  Housewife  FATHER'S NAME		one 1Db. K	IND DF BUSINES NDUSTRY	SS OR	11. BIRTHPLACE		te, or foreign country	USA	EN OF WHAT TRY?	
ath certificate be attending physician rmit. Then please in, or removal, and in	13		J Szciec	enski			14. MDTHER'S M	alden name ulia				
e death certificate the attending phys it permit. Then ple nation, or removal,	15 (Y	. WAS DECEASED EVER II	NU.S. ARMED FOR give war or dates of	CES? 16. service)	SOCIAL SECURIT	TY NO.   17.	Family		Addre	ss Same		
requires that the ding physician. Peen signed by the burial-transit to burial, creman to burial, creman to the burial, creman to the burial, creman to the burial.		PART I. DEATH WIMM Cenditions, If any, we gave rise to imme cause (a), stating underlying cause last	VAS CAUSED BY: IEDIATE CAUSE (  DUE T  which ( diate (  the DUE T	a) 1 0 b) Ceu	ine for (a), (b), a  fellon	0	Come Tumo	n		1.10	ITERVAL BET INSET AND D	WEEN EATH
The al or ficate or us Healt	CERTIFICATION	PART II. OTHER SIGNIF  2Da. ACCIDENT WAS U DR CONTRIBUTING  (IF EITHER, NOTIFY M	ICANT CONDITION	S CONTRIBU			TED TO THE TERMIN				9. WAS AU PERFORM	
PHYSI the harthis detacl	MEDICAL C	20c. TIME OF INJURY Hour a.m.			NJURY OCCURRE	D 20e. PLAC factor	CE OF INJURY (Home y, street, office bldg		(City or town)	(County)	(S	itate)
AL OR ATTENIBLE DE CETAINE LA DIRECTOR: page 3 should filed with the	8	21. I certify that saw the decease 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	t (I) (this hospi	tal) attend		ed from J and that	death occurred a	MED. DIRECTOR	STAFF PHYS.	and on the c 22b. DATE /2/7		e) last above.
Page 4 m TO FUNERA director, should be	238	Burial (Specify)	/.	IEREOF	Holy C	ross Ce	OR CREMATORY	23d.	LOCATION (City, to	Md		ate)
VR AIS (4) 20M 1/65	24	McCully F	H 237 Pat	tapsco	Ave 2	s 1225		DEC 1	1956 A	EGISTRAR'S SI		E.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 7m G 383 72/76/66

1655	TITH G JOJ	12/10/00 CERFIFICAT	E OF DEATH		10554
1. PLACE OF DEATH					stitutian: Residence before odmission)
a. COUNTY An	ne Arundel	MARYLAND	g. STATE Man	ryland b.	Anne Arundel
b. CITY OR TOWN	(If autside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	autside carparate limits, write	e RURAL ond give nearest tawn)
Glen B	nd give negrest town) urnie, Md.		Glen Burn	nie, Md.	02.1
	TAL OR INSTITUTION (If not in	hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
North Ar	undel Hospita	1	Glen Burr	nie, Md.	YES NO
3. NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Month Day Year
(Type ar print)	Vella	В.	Jones	DEATH	12- 9 19 66
S. SEX Female	Nemo	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9-18-09	9. AGE (In year	
10a. USUAL OCCUPATIO during most of warking	N (Give kind of work done g life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		y & State, ar fareign country)  adel Co. Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME	2		14. MOTHER'S MAIDEN		U. D. A.
1S. WAS DECEASED EV	(ER IN U.S. ARMED FORCES? (If yes give was or states of se	rvice) 16. SOCIAL SECURITY NO. 17.	INFORMANT Matel Con	Din ea	Address
18. CAUSE OF I	DEATH (Enter only one cause part was CAUSED BY:	per line for (a), (b), and (s))	udin fo	mline.	INTERVAL BETWEEN ONSET AND DEATH
1801	IMMEDIATE CAUSE (q).  DUE TO	11/2	2 0	412	1
Conditions, if an	te couse (a)	Topunym	comene , R	( wany	
stoting the und		Bulmmay 1	e Shelitel	metartan	
PART II. OTHER S	SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO	) THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(d	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTIN	AS UNDERLYING   G   CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in	n Part I or Port II of item 18	3.)
용 Hour o	JURY Month, Day, Year .m. 19		LACE OF INJURY (Home, far actory, street, office bldg., etc		n) (County) (State)
	t <b>ify</b> that (1) (this haspitedeceosed alive on 12	ol) attended the deceased fram_ 19 6, and th		1966 , to <u>12/</u> nt <u>4304</u> M, from cau	ses and on the date stoted obov
220. SIGNATURI	ullemo X.	dinson	M.D. ATTENDING PHYS.	MED. STAFF PHYS.	22b. DATE SIGNED
22c. PHYSICIAN NAME (Typ			22d. ADDRESS		
230. BURIAL, CREMAT REMOVAL (Special		OF 23c. NAME OF CEMETERY O	RCREMATORY	23d. LOCATION (City of Brown)	or Town) (County) (Stote)
24. FUNERAL DIRECT	OR A	ADDRESS 6	2So. REC	C'D BY REGISTRAR 2SI	b. (BEGISTRAR'S SIGNATURE

**10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then these remaye carban papers. Pages 1 and shauld be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any event, within 72 haurs after death

VR A15 (4) 20 M 1/66

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41 - 41 . . .

	Division of STATISTICA	L RESEAR	CH AND RECORDS,	301 W. F	RESTON ST	REET, BALTI	MORE, MARY	LAND 21	201		
16554			CERTIFICA	ATE OF	DEATH			16	555	5	
I. PLACE OF DEATH o. COUNTY	Anne Arunde	1	MARYLANI	a. :	TATE	(Where decease yland	ed lived, if institu b. COU			e odmissio	
write RURAL on	If outside corporate limits, d give nearest town) apolis		LENGTH OF STAY IN 16			outside corporo Arnold	te limits, write RU	IRAL and gi	0	2.1	
	AL OR INSTITUTION (If not in ndel General			d. STF	EET ADDRESS					e. IS RESID ON A FA	
3. NAME OF DECEASED (Type or print)	First Rachel	La	Middle acretia	JUS	Lost	4. DATE OF DEATH	Mon De cemb		Doy 22		66
S. SEX Female		MARRIED VIDOWED	NEVER MARRIED DIVORCED		of BIRTH . 5, 18		AGE (In yeors last birthdoy) yrs.	Months Months	Doys	IF UNDER Hours	R 24 HR Min
100. USUAL OCCUPATION during most of working	Y (Give kind af wark dane life, even if retired) EWITE	10b. KIND INDUS	of Business or Stry Own Hon	11. B	RTHPLACE (Coun	ty & State, ar fo	reign country) [aryland	12. (	OUNTRY ?	WHAT	
13. FATHER'S NAME Ch.	arles Dulin			14. M	OTHER'S MAIDEN	N NAME eh V.	Kirby				
1S. WAS DECEASED EVE (Yes, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes of ser None			17. INFORM	Reco:	rds	Addı	ress	183		
	EATH (Enter only one couse p TH WAS CAUSED BY: IMMEDIATE CAUSE (a) _ DUE TO	er line for (a)	, (b), and (c).)	ROTIC	HE	HET I	DISER	SE		ERVAL BET ISET AND D	
Canditians, if any rise to immediat stating the under last.	te couse (a),										
PART II. OTHER SI	GNIFICANT CONDITIONS CONTI		DEATH BUT NOT RELATED	TO THE TERM	MINAL DISEASE C	ONDITION GIVE	N IN PART 1(a)		1	WAS AUTO PERFORM ES	
C (IE FITHER NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	205. DESCR	IBE HOW INJURY OCCUR	RED. (Enter no	oture of injury i	n Part I ar Par	t II of item 18.)				
20c. TIME OF INJ	URY Manth, Doy, Year		RY OCCURRED 20e		JURY (Hame, fo		(City or town)	((	aunty)	(	(Stote)

19 66, that (I) (wex lost 21. I certify that (I) sthischespited) ottended the deceosed from M, from couses ond on the date stated above sow the deceosed olive on Dec. 1966, and that death occurred at 22b. DATE SIGNED

SIGNATURE	Car.	1	1	DA)	R
ZE. PHYSICIAN'S	Edward	C	Back	MD	

ATTENDING PHYS. XX M.D. ADDRESS 22d. Franklin St., Annapolis, Md.

Cemetery

7:50 MED. DIRECTOR STAFF PHYS.

23c. NAME OF CEMETERY OR CREMATORY

23b.

DATE THEREOF

LOCATION (City or Town)

(County) (Stote)

BURIAL, CREMATION, REMOVAL (Specify) Burial 24. FUNERAL DIRECTOR

230.

Sater's John Burns' Bons, Towson, Md.

REGISTRAR 9 1966 DATE REC'D BY 2Sb.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificote hos been signed by the attending physician ond completely filled in by the funeral director, page 3 should be detoched for use as the burial-transit permit. Then pleose remove carbon popers. Poges 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death Poge 4 may be retained by the hospital or ottending physician. VR A15 (4) 20 M 1/66

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removar, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
16558
CERTIFICATE OF DEATH

	TONO	Tte	m 2 5.	CLICALITIC	3/	OF DEATH				Lhb	Dh.	
1.	PLACE OF DEATH	1		110000	-/	2. USUAL RESIDENC	E (Where d	eceased lived, If in:	titution: R	esidence	before ad	mission)
	a. COUNTY	T ADILIDET				a STATE		b. cour	YTY			
_		E ARUNDEL		MARYLAI		MARYLA			ANNE			
	b. CITY OR TOW	N (if outside corporate and give nearest town	e limits,	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (If	outside co	rporate Ilmits, wi	ite RURAL	and giv	e neares	t town)
	ANNA	POLIS	,	7 DAYS		ANNAPO	LIS.	MARYLAND			02-	1
	d. NAME OF HOS	SPITAL OR INSTITUTION	(if not In h	ospital, give street addi	ress)	d. STREET ADDRESS	II. S.	Naval	ahena	mar   0.	IS RES	
	TA TER T	TIOCOTMAT	A ATAT A TOO	TO ME		Supt' Quar	ters.		20000		ON A F	
_	The state of the s	L HOSPITAL					HOL HU			-		NOK
3.	NAME OF DECEASED	Fir	st	Middle		Last	4. DATE	Mont	h	Day	Yea	r
	(Type or print)	ELIZAB	ETH	D.	KA	UFFMAN	DEAT	H DECEMBI	ER	9	19	66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	7   8	. DATE OF BIRTH	9				F UNDER	24 HRS.
T	TMALE		WIDOWED		5	2 3/137 7000		last birthday)	Months	Days	Hours	Min.
		ION (Give kind of work d		IND OF BUSINESS OR		3 MAY 1885	unty & Stat	yrs.	)   12. C	ITIZEN C	F WHAT	
du	ring most of work	ing life, even if retired	)	NDUSTRY		TEL DIKTIN BROE (GO	A.	of or reference	C	DUNTRY	7	
	NONE			NONE		SAN FRANC		ALTFORNT	II	S	Α	
13	. FATHER'S NAM	E				14. MOTHER'S MAID	EN AAME					
	TATATAT	-MORGAN DRAI	משכ			LOUISE H.	KELS	EV				
	. WAS DECEASED I	EVER IN U.S. ARMED FOR	CES?   16.	SOCIAL SECURITY NO. I	17.	INFORMANT	********		S\$ TTOIT	AATMINI	DOAT	
(Y		(If yes give war or dates of	-	00.0400-					BUCH		RUA	U
	NO		1 min	93 26 0187		DM D. L. KA	DEPOYA	N, USN US	MA AI		MD.	
			cause per l	ine for (a), (b), and (c).]						INTER	VAL BET	WEEN
	PART I, DE	ATH WAS CAUSED BY:	~ MV	MAPDIAL.	Z	NFAROTIO	N			OHOL	I AIID L	
	4301			Company of the second		VI III						
	Conditions If	DUE 7	0 1 -	ERIOSCHER		1/	- 70 .					
	Conditions, If		b) 127	EKIOSCHER	07	10 HEARY	13	6B5B		-		
	cause (a), st	Ditte :	0									
	underlying caus	e last.	c) PN	EUMOIVIA								
CERTIFICATION	PART II. OTHER S	SIGNIFICANT CONDITIO	NS CONTRIBU	JTING TO DEATH BUT NOT	RELA	TED TO THE TERMINAL D	ISEASE CO	NDITION GIVEN IN	PART 1(a)	19. YES	WAS AU PERFORI	
三	20a. ACCIDENT	WAS UNDERLYING	1 20b.	DESCRIBE HOW INJURY	occui	RRED. (Enter nature of	Injury In I	Part I or Part II	of Item 18	.)		Anth
8	OR CONTRIBUTI	NG □ CAUSE OF DEAT FIFY MEDICAL EXAMIN	H			(2000)						
CA		INJURY Month, Day, Y				E OF INJURY (Home, far y, street, office bldg., et		(City or town)	(Cou	inty)	(S	state)
MEDICAL	Hour a.m		While at worl	Not while	140101	), ott ood om oo pid8i, o	,					
2				ed the deceased from	. 2	DEC 66 10	66 to	9 DEC	10 (	56 th	ot (I) (u	ve) last
			DEC	19.66 . and		death occurred at			_,	,		
	22a - OF ATUR	ceased alive on 9	DEO	19.00 and	tnat	death occurred at 1	الرواحية	rolli the causes		ATE SIG		anove.
	22a OTGNATUR	TE //	1	// ///.		ATTENDING - M	MED.	STAFF				
	Da	my 40	run	aughlin	M.D.	PHYS.	DIRECTOR	PHYS. X	191	DEC (	56	
	22c. PHYSICIA NAME (Ty		G	1		22d. ADDRESS						
	MANUE (1)	LT. BAHRY	J. COL	JCHLIN		NAVAL	HOSPI	TAL ANNAF	OLIS.	MD		
23	a. BURIAL, CREM	ATTON, 23b. DATE T	HEREOF	1 23c. NAME OF CEM	ETERY	OR CREMATORY	23d. L	OCATION (CIty, t	own or co	unty)	(St	ate)
0	REMOVAL (3p)		-11.	11104111			11		12		111	2
2	JURIAL DIRECTOR OF THE PROPERTY OF THE PROPERT	ETOP /	40	ADDRESS.	HL	DEMY 1 25a. REC	'D BY REG	ISTRARI 280 B	EGISTHAR	SSIENI	TIME	1.0
0	DAA J		//	ADDRESS 1	10			4 1966	nue	in Con	Jus	4
10	Kan 11/1 1/1	I To d /Inch	1/11	111 1-01/12 V	1111	DATE	NEC 1	I TARA	15			0

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	16556			CERTIFI	CATE	OF DEATH			16	55	7.	
	PLACE OF DEATH o. COUNTY Cri	Annelle St	ele Chos	B . MARYLA	AND	2. USUAL RESIDENCE (VO. STATE MARY		ed lived, if institut b. COU	ion: Residence	before	odmission NDE	n)
	b. CITY OR TOWN (I	f outside corporate limits,	c. LE	NGTH OF STAY IN	1b	c. CITY OR TOWN (IF OU SEVERN	_					
		AL OR INSTITUTION (If not in		eet address)		d. STREET ADDRESS  Rt. #2	Box 7	9			ON A FA	ENCE NRM? NO
	NAME OF DECEASED (Type ar print)	Sarah First	F.	Middle Kellmar	7	Last	4. DATE OF DEATH	Man Decer		Day 25,		
S.	SEX Female		MARRIED VIDOWED	NEVER MARRIED DIVORCED		DATE OF BIRTH		AGE (In years lost birthday)	Months 1	YEAR Days	IF UNDER Haurs	24 HRS. Min.
10a dur	n. USUAL OCCUPATION ring most of working	(Give kind af wark dane life, even if retired) USEWIIE	10b. KIND OF INDUSTRY			11. BIRTHPLACE (County East Spen			na 12. CITIZ	ZEN OF NTRY? SA	WHAT	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN I			(6.4			10
		Boggs				SALLIE	McKe					
		R IN U.S. ARMED FORCES? (If yes give war ar dates of ser	vice)	SECURITY NO. <b>4-9567</b>		FORMANT FN Spur	LIN	SAM	2 AS	#	2_	
7		EATH (Enter only one cause por TH WAS CAUSED BY: IMMEDIATE CAUSE (a)				Convulsion	1	exia			ERVAL BETV SET AND DE	
	493	DUE TO		CHICKLE 02		2011/02/01/01/						
	Conditions, if ony,											
	stating the under	rlying cause DUE 10							1			
	last.	) (c)_	IDUTING TO DEL	THE DATE NOT DELAY	TED TO T	F YEDMINIAL DISTASE CON	IDITION OUT	NI INI DADT 1/-)	1	110	WAS AUTO	DCV
TION	PAKT II. OTHER SI	GNIFICANT CONDITIONS CONTR	IBUTING TO DEA	IH BUI NOI KELAI	IED IO IF	IE TERMINAL DISEASE COR	ADITION GIVE	N IN PAKI I(d)			PERFORME	ED?
CERTIFICATION		S UNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER)	205. DESCRIBE	HOW INJURY OCC	CURRED. (E	nter noture of injury in	Part I ar Por	t II af item 18.)		1		
MEDICAL	20c. TIME OF INJU Haur o.n p.n	10		OCCURRED 2 Not While at work		OF INJURY (Home, form y, street, office bldg., etc.)		(City or tawn)	(Cour	nty)	(5	State)
		fy that (I) (this haspita eceased alive an	l) attended t		ram nd that	death accurred at	9 1 N				nat (I) (v e stated	
	22a. SIGNATURE	flex	edelk	-	M.D.		MED. DIRECTOR	STAFF PHYS.	22b. DA	TE SIGN	7/66	
	22c. PHYSICIAN'S NAME (Type)	L. 13E1	VEDÍCT	M.D.		22d. ADDRESS			Koy	الم	ie	
В	a. BURIAL, CREMATIC REMOVAL (Specify	Dec.29,19				l Cemetery,	Sal:	CATION (City or To	North		olina	tate) 3.
	4. FUNERAL DIRECTO			ADDRESS			JAN 3		EGISTRAR'S SIG			
H	arold S.	Wade, 550 Was	h.Blvd.	Laurel,	Mary	land DATE	JAN	1967	gely	any	En Vu	das

**10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the offerang physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, or remaval, and in any event, within 72 haurs after death.

VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 16557 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY Anne Arundel b. COUNTY Marvland MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits, write RURAL and give pearest town Baltimore 19vears 5mos e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS YES NO X Crownsville State Hospital 519 Normandy Ave. Middle 4. DATE 3. NAME OF First Last Month DECEASED #10507 Daisy Kino 12 19 19 66 (Type or print) DEATH 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED birthday) Manths Days Hours 6/5/1881 Female Negro WIDOWED DIVORCED 10o, USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during mast of warking life, even if retired) INDUSTRY COUNTRY? U.S.A. Maryland Unknown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, ar unknown) (If yes give war ar dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Hospital Records Unknown INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Carcinoma of left Breast IMMEDIATE CAUSE (a) DUF TO Conditions, if any, which gave rise ta immediate cause (a), DUE TO stoting the underlying cause last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Chronic Brain Syndrome sec. Arteriosclerosis NO X 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) foctory, street, affice bldg., etc.) Not While at work at wark 1966, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from. 1947 to saw the deceased oliveron 12/19/ 19 66, and that death occurred at 12:10 from causes and on the date stated above. 22b. DATE SIGNED 220. SIGNATURE STAFF PHYS. X 12/19/66 DIRECTOR M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S Crownsville State Hospital. Md. Benedict, M.D. NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIAL CREMATION. 23b. DATE THEREOF REMOVAL (Specify) 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR

death be executed within 24 haurs after death funeral and vithin 72 haurs after by the ti .⊆ filled remave carban campletely event, and in any physician OR ATTENDING PHYSICIAN: The law requires that the death certificate orremava crematian, signed by the burial-transit signed burial, as the be retained by the haspital ar attending has been far use Health this certificate State Dept. af O FUNERAL DIRECTOR: After P with the director, page 3 shauld be filed v Page 4 may b

> VR A15 (4) 20 M 1/66

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			T. Alex		
			1.00		

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	16558	CERTIFICATE	OF DEATH	16550
	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived, if institution	on: Residence before admission)
	o. COUNTY Anne Arundel	MARYLAND	o. STATE b. COUN	Anne Arundel
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RUR,	At and give nearest town)
	Glen Burnie	27 yrs.	Glen Burnie	02./
	d. NAME OF HOSPITAL OR INSTITUTION (If not in	hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	709 BERRY RD	)	709 Berry Road	YES NO
	NAME OF First DECEASED (Type or print)	Middle M	Lost 4. DATE Month OF DEATH Dec.	2 19 66
S.	SEX 6. COLOR OR RACE 7.		8. DATE OF BIRTH 9. AGE (In years last birthdoy)	Months Doys Hours Min.
_	CINCILO		Jan. 27,1890 76 yrs.	
	o. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
10	Housewife FATHER'S NAME	Domestic	Calvert Co., Md.	USA
13.	FAIHER S NAME			
3.0	Joseph Armiger	T 1/ COCIAL CECUDITY NO. 1 17	Margaret Trott	
(Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dotes of sen	vice	709	Berry Road
			rs. Clarence Thomas, Glen	Burnie, Md.
	18. CAUSE OF DEATH (Enter only one couse per PART I, DEATH WAS CAUSED BY:	01 1	2 1 +	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (o) _	Myocardia	l'infacction	days
	Conditions, if ony, which gove )  (b)	1000	bust disease	alun
	rise to immediate couse (o),	womany	- rance accura	7000
	stoting the underlying couse (c)	0		
		URLITING TO DEATH RUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY
NOI	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IDOTINO TO DEATH DOT NOT KEENED TO	THE PERMITAR DISEASE CONDITION OF THE TAKE THE	PERFORMED? YES NO
FICA	20o. ACCIDENT WAS UNDERLYING	20P DESCRIBE HOW INNIERY OCCURRED	(Enter noture of injury in Port I or Port II of item 18.)	
A CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19		CCE OF INJURY (Home, form, tory, street, office bldg., etc.)	(County) (Stote)
	21. I certify that (I) (this hospita	Wattended the deceased from_	, 19 <u>63</u> , to	, 1966, that (I) (we) last
	saw the deceosed alive on	left . 1966, and the	it deoth occurred at M, from causes of	and on the date stated above.
	220. SIGNATURE		ATTENDING MED. STAFF	22b. DATE SIGNED
		upold M.	D. PHYS. DIRECTOR PHYS. DIRECTOR PHYS.	12-2-66
	22c. PHYSICIAN'S NAME (Type) Ernest Leip	old		land
00	Exhest Bell		Glen Burnie, Mary  CREMATORY 23d. LOCATION (City or Tov	
	REMOVAL (Specify)			
24	Burial Dec. 5.1	ADDRESS	Chr. Cemetary Owings	GISTRAR'S SIGNATURE
E	Vitching Tunesa	I Home Owing	DATEDEC 8 1966 7	Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate hos been signed by the ottending physical and completely filled in by the funerol director, page 3 should be detached for use as the burial-tronsit permit. Then please, temove corban papers. Pages 1 and 2 should be filed with the State Dept. af Heolth prior to burial, cremotion, or removal, and in any event, within 72 hours after death. Page 4 may be retoined by the hospitol or attending physicion.

VR A15 (4) 20 M 1/66

I G S S A S CONTROL OF THE CONTROL O -bankyake 27 vrs. - Glen Burnie sintuc galu 7CV Serry South Jun. 37, lent - Domestic Calvert Co., Nd. \_NEETHTEL FEET Tanker dones. bet . with the main administration of the control o Miller Alexander stronger - Wast dictar ment and the second of the total and the second of the sec

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VR A15 (4) 15M 7/61

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 16559

CERTIFICATE OF DEATH

16560

a. COUNTY		2. USUAL RESIDENCE (Where de		sidence before admission)
AA-	MARYLAND	e. STATE	b. county Anne	Arundel
b. CITY OR TOWN (if outside corporate limits,  ( write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp		
Linthiemm	47 M.	N. Linthioum		021
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	spital, give street eddress)	d. STREET ADDRESS		IS RESIDENCE     ON A FARM?
14 Baltimon Hims	apolis Ret.	14 Balto, Anna	nolis Rd.	YES NO
3. NAME OF First	Middle	Last 4. DATE OF	Month	Day Yeer
(Type or print) Margarel	Solone Kr	ripped DEATH	Dec 2	1966
S. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED B	DATE OF BIRTH	last birthday)   Honths   Di	
W. WIDOW		piel 22 1875	91 yrs.	
done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or	foreign country) 12, CITIZ	EN OF WHAT COUNTRY?
Louisewile	5-50-4886-1	Winchester 1	7	J. S.
13. FATHER'S NAME	2	14. MOTHER'S MAIDEN NAME	8 0	
John W. Hood		Kachael.	Noon	
191/	15-50-4886 /	NFORMANT	Address 14/	STA Rel-
NO	100	rsuelo 1. Will	for - Kind	Pulsen Mil
18. CAUSE OF DEATH [Enter only one cause per	line for (e), (b), end (c).]			ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	rdio - Vasa	edd Dese	are	6-8 mes
DUE TO				
Conditions, if eny, which (b)	y sentons	an		10-13 /
gave rise to immediate cause (a), stating the underlying DUE TO	/			-
cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART	(a) 19. WAS AUTOPSY PERFORMED?
& antino - 5 Class	-			YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CO	SCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Pert I or Pert I	of item 18.)	
0		CE OF INJURY (Home, farm, 20f. (City	or town) (Count	(State)
Hour e.m. While the second sec	IN THINK	ory, shear, emed brogs, every		
21. I certify that (I) (this hospital) after	nded the deceased from	, 19-34, to	17/22 , 196	, that (1) (we) last
saw the deceased alive on 17/52	1966 , and that	death occured at 9.11.M, from	the causes and on th	e date stated above.
22a. SIGNATURE		ATTENDING, MED.	STAFF	22b. DATE
Chas Sail	- M	D. PHYS. DIRECTOR	] PHYS. [	12/22/26
22c. PHYSICIAN'S NAME (Type) Charles L. Bal	1 Jr.	22d. ADDRESS	Const	7
Control Offat Lea H. Dar		Lucker		*
23e. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		ATION (City, town or county)	
Burial Deg. 24, 1966	Cedar Hill Ce		ie Hwy. A. A.	Co., Md.
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	BE REC'D BY REGIS	TRAR 2564 REGISTRARES SI	GNATURE
Glore Morce	4001 Ritchie Hy	DATE	1	10
George J. Gonce				

1058# ARTON TO A STATE OF THE STATE O N. T. Santa Laure Laure Control The color of the little and the .wolfer I. Weller .. Sayan to mee. The 1856 Demandally Complexy of elikabile him. As Al-Look at the total at the fire

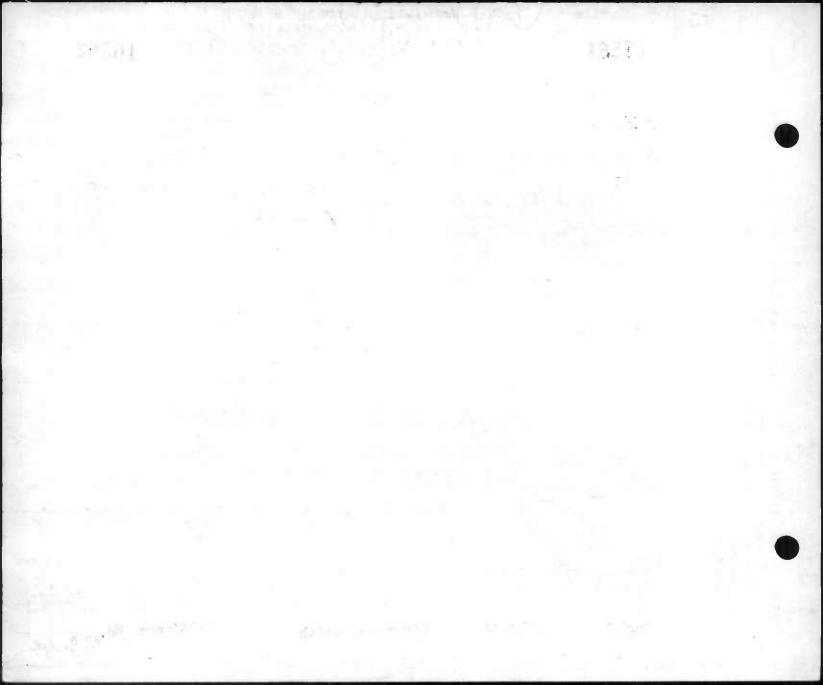
Items 18-21 Film 385 1-25-MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16560 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY PM3. Page Maryland death. ANNE ARUNDEL Anne Arundel 6 MARYLAND Department b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) Tracys Landing, 40 napolls d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Item 18. Give Pages 1, Office alang with form haurs Anne Arundel General Hospital Route 2 e State ( 72 haur YES NO 24 hours after death. 3. NAME OF 4 DATE Middle Month Lost Doy Year DECEASED 0 LAMBERT FLOYD MITCHELL December 15 within 4 (Type or print) DEATH with IF UNDER 1 YEAR 8. DATE OF BIRTH 9. AGE (In years IF LINDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED Y NEVER MARRIED lost birthdoy) 54 yrs. White WIDOWED DIVORCED Male l and 2 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Drawbridge Operato pencil in the certificate, writing the ward "pending" in pencil in 4 shauld be farwarded to the Chief Medical Examiner's any pages in any 13. FATHER'S NAME This certificate shauld be executed within File INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? rdcyldnd permit. (Yes, no, ar unknown) (If yes give war ar dates of service remaval, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY Multiple traumatic injuries ar IMMEDIATE CAUSE (o) crematian, DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse burial, a PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPS' PERFORMED? prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld PRIMARY XX or CONTRIBUTING Pedestrian struck by car **EXAMINER:** CAUSE OF DEATH. its designated agent, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour din. foctory, street, office bldg., etc.) may be retained far yaur FUNERAL DIRECTOR: Page 1966 Arundel Md. Anne of work of work 21. I certify that I taak charge of the remains described above, held an Autopsy X Inquiry Inspection ond in my opinion funeral directar. death resulted from: Natural causes Accident X. Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER X SIGNATURE Health ar i Charles Springate, M.D. December 16, 1966 DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. (County) (Stote) REMOVAL (Specify) 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5) 6M 1/66

4/15/12

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Division of STATISTICAL BESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 16561 FOR STATE HEALTH DEP 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY 2, and 3 to PM3. Page 0 Anco. MARYLAND delay State Department b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) BeveRN-HARY/owd. after RURAL. d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? farm hours in pencil in Item 18. Give Pages 1, 404 Clark Slation D.O.M -NORIH. ARUNOEL . - HOS P YES NO be executed within 24 haurs after death. alang with Middle 4. DATE DECEASED OF DEATH the 1966 within 10 (Type or print) IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 7. MARRIED lost birthdoy) Months WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Md. Chief Medical Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Guy W. Landerhink Melvinia Howard and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unknown) I(If yes give wor or dotes of service) remayal, 18. CAUSE OF DEATH (Enter only one couse per lane for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH Meulligle 5 IMMEDIATE CAUSE (o) certificate shauld writing the ward crematian, DUE TO Conditions, if ony, which gove rise to immediate couse (a). farwarded ta DUE TO stoting the underlying couse CS burial, o used ( PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? agent, priar ta 3 shauld be 4 should be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) PRIMARY or CONTRIBUTING **EXAMINER:** Subject ran in front of car CAUSE OF DEATH 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour -a.m While Not While foctory, street, office bldg., etc.) may be retained far yaur FUNERAL DIRECTOR: Page While of work ot work Hichman designated took charge of the remains described above, held an Autopsy Inspection . Inquirv and in my apinian the funeral director. death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO FUNEN. Health or it DEPUTY MEDICAL EXAMINER EXAMINER'S Address (Street, city, town, for county) OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION, 23b. DATE THEREOF Beltimore Md
RAR 25b. REGISTRAR'S STCNATU 12/13/66 Gardens of Faith FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR ATSME IST 6M 1/66

Item 20, Film 383 12-19-66 MARYLAND STATE DEPARTMENT OF HEALTH



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HE	ALTH
	F STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON ST	REET, BALTIMORE 1, MARYLAND
16562	CERTIFICATE OF DEATH	16563
10000		10000

١		10302	ERTIFICATI	E UF DEATH		0009
4	1.	PLACE DF DEATH a. COUNTY	$\cap$			tution: Residence before admission)
		Hunp Averal	MARYLAND	a. STATE	b. COUNTY	A. A.
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	NGTH OF STAY IN 1b	c. CITY OR TOWN (If o	utside corporate limits, write	RURAL and give nearest town)
	S	SEVERNA PARK		45-14	D. Ferry	Deusky
ı		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital,	give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
0		Duth 45 LOCHLEVEN	V KD.	Sloes	ua Bell	Wes NO X
	3.	NAME OF Pirst	Middle,	Last	4. DATE Month	Day Year
		(Type of print) (resume)	90	e Corto	DEATH /2-/	7 66 , 19
	Э.	6. COLOR OR RACE 7. MARRIED NE	EVER MARRIED [	B. DATE OF BIRTH	14 (1-46 13 (-	FUNDER 1 YEAR   FUNDER 24 HRS.
	100	WIDOWED WIDOWED	DIVORCED \	Dec 21, 19/	2 33, yrs.	12. CITIZEN OF WHAT
	dur	Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF INDUSTR		11. BIRTHPLACE (Cour	nty & State or foreign country)	COUNTRY?
	12	HOCESCLUTTE 3. FATHER'S MAME	our	1/200	1821 (11/1)	16.5.
Ē	13.	S. PATHER'S MAINE		14. MOTHER'S MAIDE	N NAME	1 *
	15	5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL	SECURITYNO,   17.	INFORMANT .	Address	
	(Ye	Yes, no, or unkown) (If yes give war or dates of service)	SECORITINO. 17.	O = - T	Dat I	± 1)
		YUO	11/0	REEL D. H	HIORIE	
		18. CAUSE OF DEATH [Enter only one cause per line for ( PART I. DEATH WAS CAUSED BY:	(a), (b), and (c).]	0.	Their	INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE (a)	LOXILER!	Corcenor	usxoo	
		15/X DUE TO	-0	Dro. 26 1	0.0HD. P	11001
		Conditions, if any, which gave rise to immediate	mondo.	The Heer	ed me kon	crear.
		cause (a), stating the DUE TD		0	D	
	N	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELA	TED TO THE TERMINAL DIS	SEASE CONDITION GIVEN IN PA	ART1(a)  19. WAS AUTOPSY
P	ATE					PERFORMED?
	E	20a. ACCIDENT WAS UNDERLYING     20b. DESCRIE	BE HOW INJURY OCCU	JRRED. (Enter nature of I	njury in Part I or Part II of	
	CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		(		
			OCCURRED   20e, PLA	CE OF INJURY (Home, farr	m, 20f. (City or town)	(County) (State)
	MEDICAL	Hour a.m. While No	T WILLIE SILLING TO	ry, street, office bldg., etc	.)	
	Z		despeed from	960 .19	10 1966	. 19, that (I) (we) last
		21. I certify that (I) (this hospital) attended the saw the deceased alive on 12-8		death occurred at 5	P M from the causes at	nd on the date stated above.
		22a. SIGNATURE	, and that	death occorred at		22b. DATE SIGNED
		( Dogert K, Ha	M.M. M.D		ED. STAFF PHYS.	^
ij		22c. PHYSICIAN'S	11.11.11	22d. ADDRESS	-5 (	P. D.
1		NAME (Type) Robert R.	MAH	100. Box	15 Devern	e John me
	23a	DEMONAL "Chacify)	NAME OF CEMETERY	OR CREMATORY	LOCATION (City, tow	n or county) (State)
)	21	REMATION 1/2-21-60 1-1	t. LINCO	hy	BLADENSB	urg MD.
	24.	24. FUNERAL DIRECTOR	ADDRESS /	25a. REC'I	D BY REGISTRAR 25b. REG	SISTRAR'S SIGNATURE
	13	John III. So Tost Hous (M	uppoles, 1	CO DATE UE	000 000	mented finder

VR AI5 (4) 20M I/65

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16563		CERTIFICATI	E OF DEATH		10504
1. PLACE OF DEATH  a. COUNTY Anne A		MARYLAND	o. STATMaryla		Y
b. CITY OR TOWN (If autside write RURAL and give ne Crowns	ville	c. LENGTH OF STAY IN 1b	Baltin	side corparate limits, write RURA	30.4
d. NAME OF HOSPITAL OR IN	STITUTION (If not in hospitoly ville State	give street address)	d. STREET ADDRESS 839 Ce	entral Ave.	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) #2732	9 Elizah	Middle	Lee	4. DATE Month OF 12	26 19 66
Male Ne	970 7. MARRIED WIDOWEL	DIVORCED	8. DATE OF BIRTH 2/12/1912	54 yrs.	IF UNDER   YEAR   IF UNDER 24 HRS.   Manths   Doys   Haurs   Min.
100. USUAL OCCUPATION (Give kinduring mast af working life, even		KIND OF BUSINESS OR INDUSTRY	West Virgi		12. CITIZEN OF WHAT COUNTRY? USA
Ambrose Le			14. MOTHER'S MAIDEN N		
15. WAS DECEASED EVER IN U.S. (Yes, na, ar unknown) (If yes gi	ve war ar dates af service)	SOCIAL SECURITY NO. 17.	Hospital Re	Address BCOrdS	
Conditions, if ony, which g rise to immediate cause stating the underlying co- lost.	ove (a), DUE TO (c)	eriosclerotic sease - Genera	alized Arten	riosclerosis	
Mental Def  20a. ACCIDENT WAS UNDERL OR CONTRIBUTING CAUSI OR CONTRIBUTING MEDICAL	iciency; Cl	TO DEATH BUT NOT RELATED TO PROPRIED BY STATE OF THE PROPRIED TO THE PROPRIED	Syndrome		19. WAS AUTOPSY PERFORMED?  YES NO
20c. TIME OF INJURY Mon	Whi		ACE OF INJURY (Home, farm ctory_street, office bldg., etc.)		(Caunty) (Stote)
saw the deceased	(I) (this hospitol) ofte I olive an 12	nded the deceased from_ /26/ 19_66, and the	5/12/ , 1 at death occurred at	964 , to 12/21 3:50 M, fram causes a	6/, 19 <u>66</u> , that (I) (we) las ind on the dote stated obove
22a. SIGNATURE	Jenes	ulli- "	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 12/29/66
22c. PHYSICIAN'S NAME (Type)	Benedict.	1.D.		lle State Hos	poital. Md.
23a. BURIAL (REMATION, REMOVAL (Specify)				T	
24. FUNERAL DIRECTOR	23b. DATE THEREOF 2/15/67	23s. NAME OF CEMETERY OR ADDRESS	Med School	23d. LOCATION (City or Tow BY REGISTRAR 25b. REG	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death gentificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death. Page 4 moy be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16564

be executed within 24 hours after deoth.

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate

Poge 4 may be retained by the hospital or ottending physician.

#### CERTIFICATE OF DEATH

16565

'WFIAT	/_								1000	47	
0 P B	1.	1. PLACE OF DEATH  a. COUNTY ANNE ARUNDEL MARYLAND  MARYLAND			2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE Maryland b. COUNTY Anne Arundel						
l a								el			
ges affe		b. CITY OR TOWN (	If outside corporate limit	S,	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If ou	itside corporate limits, write R			
Pog Pog Urs		write RURAL Top	deire Restritore) E		13 WK	S	Lini	thicum	0	12.1	
in tars.			TAL OR INSTITUTION (If no		ive street oddress)		d. STREET ADDRESS			e. IS RESID ON A F	DENCE APM2
sicial and completely filled in by the funeral. please remove corbon papers. Pages 1 and 2 al, and in any event, within 72 hours after deaph.		Knoll	wood Nursin	g Home			314 E. Hi	illtop Road		YES 🗍	
y fi	3.	NAME OF		rst	Middle	т.	Lost	4. DATE Mo	onth 2/	30 Yes	95
orbo		(Type or print)	Bert	ha	Hodges		thicum	DEATH			
ve c	S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8	. DATE OF BIRTH	9. AGE (In years last birthdoy)	Months 1	Dovs Hours	R 24 HRS.
d co	F	emale	White		DIVORCED		Oct. 11,18	373 34 113.			
an Fin (	10d	o. USUAL OCCUPATION	N (Give kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY			& State, or foreign country)		ZEN OF WHAT NTRY?	
a e e	10		life, even if retired) . Fe (tet)		)wnhome		Glen Burr			S.A.	
physician nen please laval, and i	13	, FATHER'S NAME					14. MOTHER'S MAIDEN				- 33
The	15	WAS DECEASED EVE	Howell F		SOCIAL SECURITY NO.	17 M	Mari VFORMANT		hocc	111 - 0	
l by the ottending p tronsit permit. The cremation, or rema	(Y	es, no, or unknown)	(If yes give war or dates	of service)						lltop R	d.
offer on,	=	NO CAUSE OF D	EATH (Enter only one cou		Jnknown (a) (b) and (d)	1 141	. Homett [	inthicum L		INTERVAL BET	WFFN
the sit nati			TH WAS CAUSED BY:	m.	F. my 100	and the	liel in	laction		ONSET AND D	
by tron crer		420.	IMMEDIATE CAUSE	. ,	a for	6-7	-1	2		1	
signed by the ottending phys buriol-tronsit permit. Then p buriol, cremation, or remaval,		Conditions, if ony	, which gove	(b) Co7	many	as	leng de	elición	- 34	1 day	
sig bu		rise to immediate		, , .	1	1		30-E	THE N	0	100
the or to		last.	)	(c) a1	Compreh	eno	us			11000	
hos been se as the th prior to	Z	PART II. OTHER S	GNIFICANT CONDITIONS	ONTRIBUTING T	O DEATH BUT NOT RELA	TED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN IN PART I(o)		19. WAS AUTO PERFORM	OPSY ED?
alth alth	A S		A PER L							YES 🗌	NO 📉
ifico for f He	CERTIFICATION	20o. ACCIDENT WA	S UNDERLYING  CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY OCC	CURRED. (	Enter noture of injury in	Port I or Port II of item 18.)			
cert hed ot. o	AL CE	/IE FITHER NOTIES	MEDICAL EXAMINER)		HUDY OSSUPPED	00 0115	F OF MINDY (I)	1 001 16%	10-	-4-1	(CA-A-)
this certificote detached for us Dept. of Healt	MEDICAL	20c. TIME OF INJ Hour o.		While	Not While		E OF INJURY (Home, forn ory, street, office bldg., etc.		(Cour	(ity)	(Stote)
After of be de de State	1	p.		ot work		1/	78	19 66 , to 2/14	100	) that //\ /	wel lest
t: Af	1	21. I cert	ify that (I) (this has	pitol) ofteno	sea the deceosed t	nd that	death accurred at	M, from couse	s and on th	e date state	d obove
th th		220. SIGNATURE		717/0		1101	To Table 1			TE SIGNED	30010.
DIRECTOR: ge 3 should led with the		6	Xm b	mata		M.D	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	12/7	30/66	
file file		22c. PHYSICIAN'S		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			22d. ADDRESS				
TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to		NAME (Type	Italy I'll Di	nith, M				. Bldg. Sever		, Md.	
oulcoulco	23	o. BURIAL, CREMATI	4		23c. NAME OF CEMET	ERY OR C	REMATORY	23d. LOCATION (City or	Town) (	(County) (S	itote)
0 = =		REMOVAL (Specify		4,1967		ill	Cemetery	Brooklyn		Md.	
VR A15 (4)	2	4. FUNERAL DIRECTO	x Singleton		ADDRESS Glen Burn	ie	M.d.		REGISTRAR'S SIG	A C	del
20 M 1/66		No Vo	aridre mil		GTELL DOTLI	126	DATE	JAN 4 1967	1	The same	1

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A STATE OF THE PARTY OF THE PAR

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16565 CERTIFICATE OF DEATH PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission completely filled in by the funeral love corbon popers. Pages 1 and b. COUNTY after MARYLAND CITY OR TOWN (If outside carparate limits c. LENGTH OF STAY IN 1b outside corporate limits, write RURAL and give negrest town) write RURAL and give negrest town) IS RESIDENCE ON A FARM? ve corbon popers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS NO X 3. NAME OF Middle 4. DATE Manth Year OF DEATH DECEASED 196 (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS SEX DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED remove (ast birthday) Manths Days in ony WIDOWED DIVORCED physicion and c 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if setired) COUNTRY? and POSTA 13. FATHER'S NAME offending p WAS DECEASED EVER IN U.S. ARMED FORCES? Address permit. (Yes, na, ar unknown) (If yes give war ar dates af service 0 pue cremation, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). the signed by the burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) the hospitol or attending physician. DUE TO buriol, Canditians, if ony, which gave rise to immediate cause (o). DUE TO stating the underlying cause be detoched for use os the State Dept. of Heolth prior to last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20a. ACCIDENT WAS UNDERLYING LD 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year Haur a.m. While Not While factory, street, office bldg., etc.) ATTENDING at wark at wark 1966 1965\_, that (1)-(we) last 21. I certify that (1) (this hospital) attended the deceased from. 19 66, and that death occurred at 9 4 M, from causes and an the date stated above. saw the deceased alive on.

TO FUNERAL DIRECTOR: After this certificate has been be retained by director, page 3 should should be filed with the TO HOSPITAL (Page 4 moy b VR A15 (4)

20 M 1/66

12-13-66 24. FUNERAL DIRECTOR

DATE THEREOF

Wm. Cook-Brooks Inc. Baltimore, Maryland

220. SIGNATURE

23a. BURIAL, CREMATION,

PHYSICIAN'S NAME (Type)

> Calvery Cemetery 1217 St. ADD SE 11 St.

New York 2So. REC'D BY REGISTRAR

DIRECTOR

ATTENDING

22d. ADDRESS

PHYS.

M.D.

23c. NAME OF CEMETERY OR CREMATORY

LOCATION (City or Town) (County) New

22b. DATE SIGNED

2Sb. REGISTRAR'S SIGNATURE 1966

STAFF PHYS.

Continue to Entrance . Post 1

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16kee

	10000	CERTIFICATE	OF DEATH	16	567			
Ī	. PLACE OF DEATH			nere deceosed lived, if institution: Residen	ce before odmissiqp)			
	a. COUNTY Anne Arundel	MARYLAND	o. STATE Maryl	and b. COUNTY				
1	b. CITY OR TOWN (If outside corporate limits.	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outs	e neorest town)				
	write RURAL and give nearest tawn)	3years 3mos.	Balti	more .	30.4			
	d. NAME OF HOSPITAL OR INSTITUTION (If not in		d. STREET ADDRESS		e. IS RESIDENCE			
	Crownsville St	ate Hospital	817 A	squite Street	ON A FARM? YES NO X			
3	3. NAME OF First	Middle	Lost	4. DATE Month	Doy Year			
	DECEASED (Type or print) #26020 Chr	istine	Martin	OF DEATH 12	22 19 66			
3	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED 8	B. DATE OF BIRTH	9. AGE (In years IF UNDER lost birthday) Months	1 YEAR   IF UNDER 24 HRS. Doys Hours Min.			
1	Female Negro V	VIDOWED 🔀 DIVORCED 🔲	1/3/28 (192	7) <b>39</b> (39)s.	Doys Hours Min.			
1	Oo. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County &	Stote, or foreign country) 12. Cl	TIZEN OF WHAT			
10	luring most of working life, even if retired)	INDUSTRY	North Car	olina "	UNTRY? USA			
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA					
	Edward Evans		Flor	ence				
	<ol> <li>WAS DECEASED EVER IN U.S. ARMED FORCES?</li> <li>(Yes, no, or unknown) (If yes give wor or dotes of ser</li> </ol>		NFORMANT	Address				
	No	220-18-6201E He	ospital Rec	ords				
F	18. CAUSE OF DEATH (Enter only one couse p				INTERVAL BETWEEN ONSET AND DEATH			
	PART I. DEATH WAS CAUSED BY:  1MMEDIATE CAUSE (o)	Lung Abscess and	d Pneumonit	is	ONSET AND DEATH			
	143X DUE TO	Squamous cell Ca	arcinoma of	Floor of Mouth				
1	Conditions, if ony, which gove rise to immediate couse (a),	oddawoda cerr o	01011101110 01	12001 01 100011				
	stoting the underlying couse DUE TO				200			
	last. (c)							
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTE	EIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE COND	DITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?			
1	Anemia, Dehydr	ation and Inaniti			YES NO X			
CCDTIC	Anemia, Dehydr  20o. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED. (	(Enter noture of injury in Po	ort I or Port II of item 18.)				
10.41	20c. TIME OF INJURY Month, Doy, Yeor	20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, form,	20f. (City or town) (Co	unty) (Stote)			
251	Hour o.m.	While Not While of work	ory, street, office bldg., etc.)					
	21. I certify that (1) (this hospita		9/12/	63, to 12/22/ , 191	56, that (I) (we) last			
	saw the deceased alive an	12/22/ 1966, and that	death accurred at2	1:20 M, fram causes and on t	he dote stated abave.			
1	220. SIGNATURE	6 11611	ATTEMPING	AED STAFE 22b. D	ATE SIGNED			
	Charle 11	X LOWN / / / / / / M.D. PHYS. SKJ DIRECTOR LJ PHYS. LJ 12/22/66						
1	22c. PHYSICIAN'S NAME (Type) Lionel McHe	Mann M	22d. ADDRESS	le State Hospita	1 Md			
1	230. BURIAL, CREMATION, 23b. DATE THEREO	F 23c. NAME OF CEMETERY OR C		23d. LOCATION (City or Town)	(County) (Stote)			
-	1-Ur. AL 1/2-29,	1466 13. Hatroc		Morrielle	me			
	24. FUNERAL DIRECTOR	ADDRESS		BY REGISTRAR 256. REGISTRAR'S S				
	try O. Willes	me 1000 Bant day to	DATOE C	29 1966 Milian	les Justas			

**TO FUNERAL DIRECTOR:** After this certificate hos been signed by the attending physicion ond completely filled in by the funeral director, page 3 should be detached for use os the burial-tronsit permit. Then please remove-carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremotion, or removal, and in any event, within 72 hours after death.

VR A15 (4) 20 M 1/66

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or ottending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	16567	CERTIFICATE O	F DEATH	165	68
	O. COUNTY ANNE ARUNDEL	MARYLAND	JSUAL RESIDENCE (Where deceased in STATE MARYLAR	D b. COUNTY AND	MEARUNDEL
	b. CITY OR TOWN (If outside corporate limits, critice RURAL and give nearest town)	. LENGTH OF STAY IN 16	ITY OR TOWN (If outside carporote	limits, write RURAL and giv	ore nearest town)
3	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give A. A. GENERAL HOSPI		TREET ADDRESS  3 FRANCIS	ST.	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) CECIL MERK		Lost 4. DATE OF DEATH	Month 12	18 Year 1966
	S. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED	DIVORCED V 10	-9-1894	AGE (In years IF UNDER Months Yrs.	Days Haurs Min.
	during most of working life, even if certified R RET INDUS	TEEL	BIRTHPLACE (County & Stote, or fare) PENNSYL VAN	0 4 11	TIZEN OF WHAT
	13. FATHER'S NAME LAURENCE MEC	n n	MOTHER'S MAIDEN NAME	KPATRICI	K
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war or dotes of service)	IAL SECURITY NO. 17. INFOR	REINIA SIM	Address ##	2
	18. CAUSE OF DEATH (Enter anly one cause per line for (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g)	(b), and (s).	9		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.  DUE TO  (b)  DUE TO  (c)	forated du	whend ut	lecy	cenfron
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE CONDITION GIVEN	IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OCCURRED. (Enter	noture of injury in Part I ar Part I	l of item 18.)	
	20c. TIME OF INJURY Month, Day, Yeor Haur, o.m. p.m. 19 20d. INJURY While at work		INJURY (Home, farm, reet, affice bldg., etc.)	(City or town) (Co	ounty) (Stote)
		the deceased fram	2/16 , 19 <u>66</u> , ta oth accurred at 5:50 AM,	fram causes and an t	
	220. SIGNATURE RECEIVED OF Florehung	all M.D. F	ATTENDING MED. PHYS. DIRECTOR	STAFF 22b. D	DATE SIGNED
1	22c. PHYSICIAN'S NAME (Type) Richard I. Hoch	man m. U.	22d. ADDRESS Pleis P	Annage 4	is, End-
	SUB (Specify) 12-21-1966	23C. NAME OF CEMETERY OR CREMA NORTH CEME	TERY BUT	ATION (City or Town) LER TOWNS	, , , , ,
	Jaker M. Taylor Soms A	ANDRESS FUNAPOLIS K	10. DATE DEC 2 1	1000 000	SIGNATURE

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove (arbon papers. Pages 1 and 2 should be filed with the State Dept. af Health priar to burial, crematian, ar removal, and in any event, within 72 hours after death.

VR A15 (4) 20 M 1/66

**O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.

The state of the s

601 Kue the Road  601 Kue the Rd  70	1	16568 CERTIFICATE OF DEATH	69
write RURAL and give present form with the second of the s		O. COUNTY A RUNDEL MARYLAND O. STATE ML. b. COUNTY A. A2	unde
601 Kue the Road  601 Kue the Rd  NA YES  DECRESSED  Type or print)  5. SEX  6. COLOR OR RACE  7. MARRIED  NIDOWED  DIVORCED		write RURAL and give nearest towning	nearest town)
3. MAME OF DECEASED (Type or print)  5. SEX  6. COLOR OR RACE 7. MARRIED   REVER MARRIED   B. DATE OF BIRTH   State bishodely   Months   Days   Hours   State bishodely   Months   Days   Days   State bishodely   Months   Days	۸		ON A F
5. SEX  6. COLOR OR RACE 7. MARRIED REVER MARRIED B. DATE OF BIRTH  100. USUAL OCCUPATION (Give kind of work done) with power of the po		3. NAME OF DECEASED AND STATE OF DECEASED	Year
10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY done during most of working life, eyen if ratified   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY   13. PATHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECEASED EVER IN U.S. ARMED FORES?   16. SOCIAL SECURITY NO.   17. INPORTIANT		FO Ist Dirihday) Months Days	IF UNDER 24
13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED-FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no, or unknown) (Iffyesgive-war or dates of service) 16. CAUSE OF DEATH [Enter only on a cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying Cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.0  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part III of item 18.)  20c. TIME OF INJURY Month, Day, Year  While Not While all work   34 work   36 work   34 work   34 work   36 work   34 work   36 work	1	1Da. USUAL OCCUPATION (Give kind of work done during most of working life, often if ratired)  1Db. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN O	S WHAT CO
The state of the	1		
PART I. DEATH WAS CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PRIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PRIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PRIT II. OTHER SIGNIFICANT CONDITIONS  CONTRIBUTING CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PRIT II. OTHER SIGNIFICANT CONDITIONS  CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PRIT II. OTHER SIGNIFICANT CONDITIONS  CONTRIBUTING CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PRIT II. OTHER SIGNIFICANT CONDITIONS  CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PRIT II. OTHER SIGNIFICANT CONDITIONS  CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PRIT II. OTHER SIGNIFICANT CONDITIONS  CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PRIT II. OTHER SIGNIFICANT CONDITIONS  CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PRIT II. OTHER SIGNIFICANT CONDITIONS  CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PRIT II. OTHER SIGNIFICANT CONDITIONS  CONTRIBUTING CONTRIBUTION GIVEN IN PART I(a)  PRIT II. OTHER SIGNIFICANT CONDITIONS  CONTRIBUTING CONTRIBUTION GIVEN IN PART I(a)  PRIT II. OTHER SIGNIFICANT CONDITIONS  CONTRIBUTION GIVEN IN PART I(a)  PRIT II. OTHER SIGNIFICANT CONDITIONS  CONTRIBUTION GIVEN IN PART II. OTHER II. OTHER II. OTHER II. OTH	1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or unkown) (Ifyesgive were or dates of service) 216-12-3394 Daughter 601 Ruethe	Rone
DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUPERFORM YES NOT CONTRIBUTING CAUSE OF DEATH (I) (IF EITHER, NOTIFY MEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (II) (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Phur and Phur a.m.  p.m.  19	-	PART I. DEATH WAS CAUSED BY:	
gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AU PERFORM YES NOT CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.)  20c. TIME OF INJURY Month, Day, Year While at work factory, street, office bldg., etc.)  21. I certify that (I) (this popital) attended the deceased from the deceased from the deceased alive on December 19. That (I) (we saw the deceased alive on December 19. That (II) (we saw the deceased alive on December		155.0 DUE TO P	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUPERFORM YES NAME (Type) ED MOND II. MONTH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUPERFORM YES NAME (Type) ED MOND II. MONTH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUPERFORM YES NAME (Type) ED MOND II. MONTH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUPERFORM YES NAME (Type) ED MOND II. MONTH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUPERFORM YES IN PART 1 or Part II of item 1B.)  19. WAS AUPERFORM YES IN PART II. OTHER SIGNIFICANT OF PART III. OTHER SIGNIFICANT OF PART III. OTHER SIGNIFICANT OT		gave rise to immediate cause (a), stating the underlying  DUE TO	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m.  19   Attending Med.		(t)	PERFOR
21. I certify that (I) (this topital) attended the deceased from 196 to Decent, 196 that (I) (we saw the deceased alive on Decent, 23 196 to death occurred at 196 M, from the causes and on the date stated at 22a BIGNATURE  22a BIGNATURE  ATTENDING: PHYS. DIRECTOR DIRECTOR PHYS. DIRECTOR DIR		20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING   CAUSE OF DEATH   (IF EITHER, NOTIFY MEDICAL EXAMINER)	
21. I certify that (I) (this topital) attended the deceased from 1964 to Dece 1, 1965 that (I) (visaw the deceased alive on Dec. 231966, and that death occurred at 1.56 M, from the causes and on the date stated of the deceased alive on Dec. 231966, and that death occurred at 1.56 M, from the causes and on the date stated of the deceased alive on Dec. 231966, and that death occurred at 1.56 M, from the causes and on the date stated of the deceased alive on Dec. 231966, and that death occurred at 1.56 M, from the causes and on the date stated of the deceased alive on Dec. 231966, and that death occurred at 1.56 M, from the causes and on the date stated of the deceased alive on Dec. 231966, and that death occurred at 1.56 M, from the causes and on the date stated of the deceased alive on Dec. 231966, and that death occurred at 1.56 M, from the causes and on the date stated of the deceased alive on Dec. 231966, and that death occurred at 1.56 M, from the causes and on the date stated of the deceased alive on Dec. 231966, and that death occurred at 1.56 M, from the causes and on the date stated of the deceased alive on Dec. 231966, and that death occurred at 1.56 M, from the causes and on the date stated of the deceased alive on Dec. 231966, and the death occurred at 1.56 M, from the causes and on the date stated of the deceased alive on Dec. 221966, and the death occurred at 1.56 M, from the causes and on the date stated of the deceased alive on Dec. 231966, and deceased of the deceased of		20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County)  While Not While factory, street, office bldg., etc.)	(S
220. PHYSICIAN'S NAME (Type) ED MOND I MOUSHABEK 22d. ADDRESS STOMARLEY -STATIONA		21. I certify that (I) (this tempital) attended the deceased from July /, 1966 to Dec. 24, 1966	
22c. PHYSICIAN'S NAME (Type) ED MOND I MOND I MOUSHABEK 22d. ADDRESS STOMARLEY STATION N		22a STGNATURE ATTENDING MED STAFF	
		22c. PHYSICIAN'S NAME (Type) ED MOND I MOUSHABEK 22d. ADDRESS STOMARLEY STATI	ONK
	)	III I I I I I I I I I I I I I I I I I	Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256 REC'D BY REGISTRAR'S SIGNATURE	1	George J. Gonce	

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours effect death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE CERTIFICATE OF DEATH

1. PLACE DF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution; Re	sidence before admission)
a. COUNTY anno amended MARYLAND	a. STATE Marelin of COUNTY	(Curely)
b. CITY DR TDWN (If outside corporate limits.   1 c. LENGTH DF STAY IN 1b	c. CITY OR TOWN (If pytside corporate limits, write RURAL	and give nearest town)
write RURAL and give nearest town) 30 years	Pasadena, Mary	land 02.1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, glass street address	d. STREET ADORESS	e. IS RESIDENCE
nne	FT. Smallwood Road	YES NO
3. NAME OF DECEASED (Type or print) Evelyn Amelia II	Metadorf 4. DATE DEATH Seconder	Day Year /2 1966
5. SEX   6. COLOR OR RAPE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER )	Days Hours Min.
Pemale Mute WIDOWED DIVORCED	26 may 14, 1889 77 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND DF BUSINESS OR INDUSTRY	CO	TIZEN OF WHAT UNTRY? ZC.S.G.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Lewis Dehn	Jane Trombo	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address	
	Family Same	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Cardiac Me	compensation	/ week
420.0 DUE TO	1 1 1 1	0 11-
Conditions, if any, which \ (b) artercosclerates	e flast disease	Lyears
gave rise to immediate cause (a), stating the DUE TO		0
underlying cause last, (c)		
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
nne		YES NO NO
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REI  20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCUPANTIAL OF THE PROPERTY OF THE PROP	CURRED. (Enter nature of Injury In Part I or Part II of Item 18.	)
	ACE DF INJURY (Home, farm,   20f. (City or town) (Cou	nty) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL Hour a.m. p.m. 19 While at work at work	tory, street, office bldg., etc.)	
21. I certify that (I) (this hespital) attended the deceased from	26 18 1906 to Dec. 12 1816	e, that (i) (we) last
	at death occurred at M. from the causes and on the	ne date stated above.
22a. SIGNATURE PM M &		ATT SIGNED
22c. PHYSICIAN'S	D. PHYS. DIRECTOR PHYS.	1466
NAME (Type) R.M. Mc Laugh In	3708 Mountera Rd. Pasaa	leng, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 28c. NAME OF CEMETER	RY OR CREMATORY 23d. LOCATION (City, town or cou	inty) (State)
70/1/// / / / / / / / / / / / / / / / / /	Com A A Co Md	
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE
McCully Funeral Home 237 Patapsco Ave 21	225 DATE DEC 1 5 1986 Polise	

offerial ones. M 9 1 Enter 19/16/66 Cours Hill Core - and Colors Hill Core No milly When all Horse 227 Patentee ave 22225 .... death. Page 4 criticale by the hospital or attending physician.

TO FUNERAL L CTOR. After this certificate has been signed by the attending physician and completely in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 7/61

DIVISION OF STATISTICAL	MARYLAND STATE DEP	ARTMENT OF HEAL	TH
16570	Item OFILM GOOM	OF DEATH	, BALTIMORE 1, MARYLAND 16571
1. PLACE OF DEATH  o. COUNTY  Anne Anne Anne Death  b. CITY OR TOWN if outside comparate limits	MARYLAND	USUAL RESIDENCE (Where dec.	b. COUNTY  ale limits, write kURAL and give nearest town
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  d. NAME OF HOSPITAL OR INSTITUTION (if		Celar Hell d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	Middle Middle	Lest 4. DATE OF DEATH	Month Day Yeer  12/23 1966
Male Negro  10e. USUAL OCCUPATION (Give kind of work	WIDOWED DIVORCED 9/2	TE OF BIRTH  22/1904  BIRTHMACE (County & State, or the	AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday)  Months Days Hours Min.  yrs. Min.  12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)  13. FATHER'S NAME  14. SUM THE SUM		MOTHER'S MAIDEN NAME	J. Mil
15. WAS DECEASED EVER IN U.S. ARMED FORC (Yes, no, or unkown) (Ifyesgivewerordetesofser)  18. CAUSE OF DEATH [Enter only one or	(job)	PRINT Fulled	Address Address Ford
PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (e)   DUE TO   Conditions, if eny, which geve rise to immediate cause (e), stelling the underlying cause lest. (c)	Cerebral He Gerbral He His hetensers (	elusion emorrhage and or keyal	Deserge Malary
PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY OCCURED. (Ente	er neture of injury in Part 1 or Pert II o	f item 18.)
ZOc. TIME OF INJURY Month, Dey, Year Hour a.m. 19	20d. INJURY OCCURRED 2De. PLACE O While Not While et work et work	F INJURY (Home, farm, 2Df. (City of treet, office bldg., etc.)	
21. I certify that (I) (this hospital saw the declared alive on	1) attended the deceased from	th occured at M. M., from	the causes and on the date stated above
Tachard . A  2c. PHYSICIAN'S NAME (Type)	711.0.	ATTENDING MED. PHYS. DIRECTOR  22d. ADDRESS	aue Hen Burna MI
23a, BURIAL, CREMATION, 23b. DATE, THERE, REMOVAL (Specify)	OF 23c. NAME OF CEMETERY OR C	REMATORY 23d. LOCAT	TON (City, town of county) (Sate)
24 FUNERAL DIRECTOR'S SIGNATURE BYLKELS, Electropa	ADDRESS anding	250. REC'D BY REGISTR  DATE DEC 28	AR 256. REGISTRAR'S SIGNATURE 1966 Clearles Judge.
			0 0

TORLY NO TANGENT OF THE PARTY O GRIE CRAZELEN KORK 102/1904 62 Classif Chester Mile Hone morpha ally to the sunder White day ( Bread May Farley Rock Starley A Committee of Exclusion S LOWER N and Course of Commonwealth Hiperialist Charles Kenter Ken all and the last the Chard of the health fro Charanger as the Even Hill make 556 miles that any sold make the second Market Colored Act of the Color of the Colored States of the Color

FOR STATE HEALTH DEPT.

TO DEPUTY MEL EXAMINER. This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to are dinector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File dages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR AISME (5)

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EVAMINED'S CERTIFICATE OF REATH

MEDICAL EXAMINER 3	CERTIFICATE OF DEATH
1. PLACE OF DEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. CDUNTY
ANNE ARUNDEL MARYLAND	Maryland Anne Arundel
b. CITY DR TDWN (If outside corporete limits.   c. LENGTH DF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)  Rural - Lothian Life	Rural - Lethian 02-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM2
Sands Read - Reute 1 - Bex 51	Sands Read - Route 1 - Bex 51 YES NOTE
3. NAME OF OECEASED (Type or print) BRYAN EDWARD MOREJAND	
Y. WARRIED HEVER WARRIED	B. DATE DF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Last birthday) Months   Days   Hours   Min.
Male Negro WIDOWED DIVORCED D	Dec. 5-1964 2 yrs.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
NONE *********	Annapolis, Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George E. Mereland	Vivian H. Pewell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT · Address
No No No. (11 yes give war of dates of service)	nie L. Mereland-Box 51-Rt.1 Lothian, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	2 / 0 - P O INTERVAL BETWEEN ONSET-AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	3 d Lolel Marine
DUE TO	
Conditions, If eny, which (b)	Syether
geve rise to immediate (	
ceuse (a), ateting the underlying cause last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DEATH OF CONTRIBUTING COUNTRIBUTING DEATH.	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY PERFORMEO?   YES     ID
20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury in Pert I or Pert II of Item 18.)
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
While Not While	ory street, office bldg., etc.)
21. I certify that took charge of the remains described above hel	Id an Autopsy , Inspection , Inquiry , and in my opinion
	icide . Homicide . Undetermined manner
death resulted from the state of the state o	CHIEF MEDICAL EXAMINER
ACTUAL ACTUAL	M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
SIGNATURE	DEPUTY MEDICAL EXAMINER
E.G.IINHARDT - Annapolis, Md.	Address (Street, city, town, or county) 12-71-66
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	- 11.4
BRILITY Dec. 17-00 Mr. Treu	25a. REC'D BY REGISTRAR! 25b. REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS	
C.E.Hicks 111 Annapolis, Maryland	DATE DEC 14 1000

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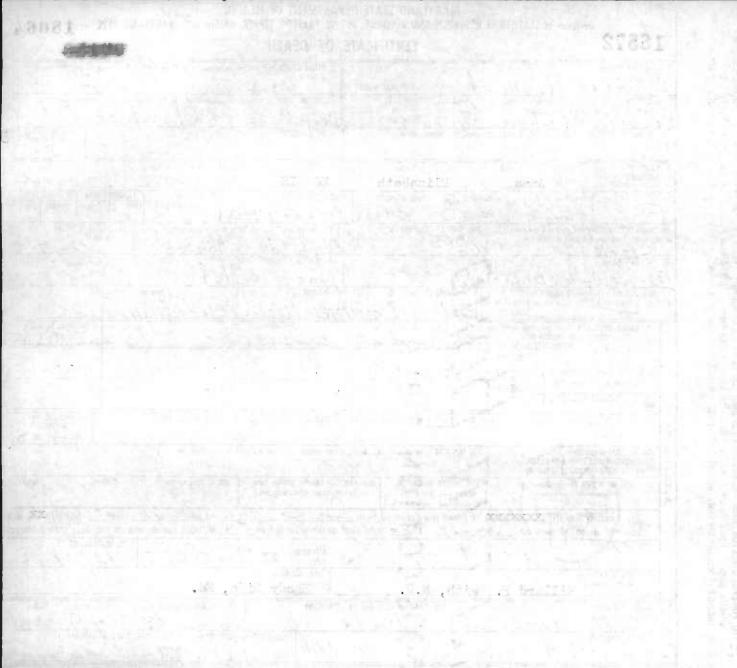
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Charles

VR A15 (4)

20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16573 CERTIFICATE OF DEATH 5 executed within 24 hours after deoth. by the funeral ond 2 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o COLINTY o. STATE P COUNTY Anne Arundel MARYLAND Mary land Anne Arundel CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) hours Pasadena Glen Hurnie e. IS RESIDENCE ON A FARM? d. STREET ADDRESS completely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) event, within 72 YES NO W North Arundel Hospital 10 Kellinoton Orive 3. NAME OF Middle Inst 4. DATE Month Year carbon Dov DECEASED (Type or print) MYERS DEATH Necember HENRY THOMAS 9. AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** 7 dest birthdov) remove Davs Hours Male White Sept. 25.1896 WIDOWED **DIVORCED** physician ond c 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) requires that the death certificate be Wholesale Produce. Glen Gurnie, Md. COUNTRY? during most of working life, even if retired) 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova Flizabeth F. Wade Henry J. Myers the ottending passit permit. The Address 1506 Jupp Rd. 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service) 16. SOCIAL SECURITY NO 17 INFORMANT Mrs. Ooris Kellenberger(daughter) G.B. 216-098283 signed by the otter burial-transit perm burial, cremation, o 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED 8Y: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o physicion. DUE TO Conditions, if any, which gove rise to immediate couse (a). DUF TO stoting the underlying couse Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been os the prior to b PHYSICIAN: The low last 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) Stote Dept. of Health NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While ATTENDING ot work at work , 1946, ta Dec 30, 1966, tha (I) (we) last 21. I certify that (1) Ithis haspital) attended the deceased fram. Dec 16 19 (al and that death accurred at 11 P M, fram causes and an the date stated above. saw the deceased alive an director, page 3 sho should be filed with 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type)

23c. NAME OF CEMETERY OR CREMATORY

Glen Burnie, Md.

ADDRESS

Glen Haven Mem. Park

23d. LOCATION (City or Town)

2Sa. REC'D BY REGISTRAR

(State)

(County)

Glen Burnie, Maryland

2Sb. REGISTRAR'S SIGNATURE

23b. DATE THEREOF

4,1967

Jan.

Richard V. Singleton

VR A15 (4) 20 M 1/66

23o. BURIAL, CREMATION,

24. FUNERAL DIRECTOR

REMOVAL (Specify)

State James & the property of the second ENTRY OF THE STATE OF 

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	10014			CERTI	FICATE	OF DEATH		777	16574
1.	PLACE OF DEATH a. COUNTY	Anne Ar	undel	MAR	RYLAND 2	d. STATE Mary		h COUNTY	sidence before odmission) nne Arundel
	Annapo	autside carparate limits give nearest town) Lis		c. LENGTH OF STAY  2 hrs.	IN 1b C	CITY OR TOWN (If aut	tside carparate lim	its, write RURAL and	021
		L OR INSTITUTION (If no del General			d	. STREET ADDRESS	2		e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	Fir Solon	st	Middle	N	Last ICHOLS	4. DATE OF DEATH	Manth December	Doy Year 27 19 66
1	SEX Male	6. COLOR OR RACE Negro	7. MARRIED WIDOWED	NEVER MARRIE	ED No	OV. 4, 189	2 74	(In years IF UN birthday) Mont	hs Doys Haurs Mir
10d	a. USUAL OCCUPATION rive most of working I	(Give kind of work done te, even it retired)		ND OF BUSINESS OR DUSTRY		II. BIRTHPLACE (County	M	ountry) 12 aryland	2. CITIZEN OF WHAT COUNTRY?
13	EXCLUTO	nd	nuc	hole	1	MOTHER'S MAIDEN N	NME	il 4	ayec
1S (Y		IN U.S. ARMED FORCES? If yes give war or dates a	f service)	8105,477	17 INFO	seyn,	icho	Coll Ce	40 Md
	1B. CAUSE OF DE. PART I. DEAT	ATH (Enter only one cou H WAS CAUSED BY: IMMEDIATE CAUSE	(1	(a), (b), and (c).)	3et	Carc	inon	plon	INTERVAL BETWEEN OUSET AND DEATH
	Canditians, if any,		(b)		0				
	stoting the under	ying cause DUE	(c)					16	
ATION	PART II. OTHER SIG	NIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RE	ELATED TO THE	TERMINAL DISEASE CON	IDITION GIVEN IN	PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	20b. DE:	SCRIBE HOW INJURY	OCCURRED. (Ent	er noture of injury in I	Port I or Port II of	item 1B.)	
MEDICAL	20c. TIME OF INJU Haur a.m	10	20d. IN While at work		factory,	F INJURY (Hame, farm street, office bldg., etc.)		or lown)	(County) (Stote)
	21. I certif	y that (I) (this tos ceased alive an	Dec. 27	ded the deceased		eath accurred at.	M, fro		19_65that (I) (***) in the date stated abo
	22a. GNATURE	Porlera	Alsa		M.D.	PHYS. LAJ	MED. DIRECTOR	STAFF PHYS.   221	b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)		haddsor					napolis, l	Md.
L	o. BURIAL, CREMATIO REMOVAL (Specify)	L 12=3	0.66	23c. NAME OF CEA	METERY OR CRE	on	Cen	N (City or Tawn)	(County) (Store)
2	4. FUNERAL DIRECTOR	mReese	#(1	ADDRESS	a. Me	2So. REC'D	BY REGISTRAR EC 28 19	2Sb. REGISTRA	R'S SIGNATURE Judge

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

To have him

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Ludigani Jagagai Jagagai Jagagai

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Doctor "

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16575

### CERTIFICATE OF DEATH

16575

1.	PLACE OF DEATH			2. USUAL RESIDENCE	(Where deceosed			before odmiss	ion)
	o. COUNTY	Anne Arundel	MARYLAND	a. STATE Mary	rland	b. COU!	Anne	Arund	el
	b. CITY OR TOWN (I	f outside corporote limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o		limits, write RUI	RAL ond give	neorest town)	
	write RURAL one	l give nearest town)	D.O.A.	XXXXBXXXX	THEFT	WWY Ann	anolis	1)	2.1
-				d. STREET ADDRESS	ABKEARN	ARA AILI	тротта	e. IS RES	IDENCE
	Anne Amin	at or institution (if not in hespitol, ad on arrival) del General Hospi	tal		4.0				FARM?
	NAME OF		Middle	lost # 1 Bald	ridge R	Mont			
3.	DECEASED (Type or print)	Ann First	S.	OSHRY	OF DEATH	Decemb			ear 66
S.	SEX	6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In yeors	IF UNDER 1		ER 24 HRS.
	Female	White WIDOWED	DIVORCED	Oct. 7, 190	05	lost birthdoy) yrs.	Months I	Doys Hours	Min.
10	o. USUAL OCCUPATION	(Give kind of work done 10b. K	IND OF BUSINESS OR	11. BIRTHPLACE (Count	ly & Stote, or fore	ign country)		EN OF WHAT	
du	ring most of working Hous	ife, even if refired)	NDUSTRY	Russia			U	S.A.	
-	. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
	Mayer S	Rocklin		Fannie	Rosen				
	. WAS DECEASED EVE		SOCIAL SECURITY NO. 17.	INFORMANT		Addre	ess		I Carlo
1 (4	es, no, or unknown)	(If yes give wor or dotes of service)	41-16-1743 E1	iot Siskind	#1 Re7	dridge	Rd An	nenoli	EM a
F		ATH (Enter only one couse per line for		TO O DIDALIN	11 -2 -200-2	WI TARED	1	INTERVAL BI	
	PART I. DEAT	H WAS CAUSED BY:	to myvean	lied rular	chen .			ONSET AND	DEATH
	4201	IMMEDIATE CAUSE (o)	1000	VIII -	7,000			1 LANGON	
	Conditions, if ony,		che cut	a Therewile	10.4			10 m	,
	rise to immediat	e couse (o), (	and and	024 (40) 1000				1	
	stoting the under	(c)						V	
		GNIFICANT CONDITIONS CONTRIBUTING	TO DEATH RUT NOT RELATED TO	THE TERMINAL DISEASE OF	ONDITION GIVEN	IN PART 1(a)		19. WAS AU	TOPSY
TION	TAKE II. OHIEK SI	DATE CONDITIONS CONTRIBUTION	TO DEATH DOT HOT REDITED TO	THE PERMITTER PROPERTY.				PERFOR.	MED?
FICA	20o. ACCIDENT WAS	STIMPEDIAING TO TOO D	ESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in	Port Lor Port	I of item 18 )		1 113	110
CERTIFICATION	OR CONTRIBUTING	☐ CAUSE OF DEATH	ESCRIBE HOW INSORT OCCURRED	. (Enter notate of injury if	1 1011 1 01 1011	ii or nem ro.)			
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, for	rm. 20f.	(City or town)	(Coun	eu)	(Stote)
MEDICAL	Hour o.n	n. While		ctory, street, office bldg., etc		(city of town)	lcoon	'17	(31016)
2	p.n			1055	10	Don 6	10.6	£	
	21. I certi	fy that (I) (INSTERNAL) atter	ded the deceased tram_			Dec. 6			
		eceased alive an Dec.	19 <u>66</u> , and the	ar dearn accurred a	PAKK DI	fram causes	22b. DAT		ea abave.
	220. SIGNATURE	Aldal 1		ATTENDING PHYS.	MED.	STAFF			1
1	DO. DUVELCIAN'S	Hwas cam	N	D. PHYS. A.A. 22d. ADDRESS	DIRECTOR L	□ PHYS. L	12/2	0/66	
	22c. PHYSICIAN'S NAME (Type)		in, M.D.	1407 Fore	est Driv	re, Anna	polis,	Md.	
23	o. BURIAL, CREMATIC	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOC/	ATION (City or To	wn) ((	ounty)	(Stote)
	REMOVAL (Specify		Ohel Yakov			ing Run			
2	4. FUNERAL DIRECTO	12/22/66	ADDRESS	2So. REC	C'D BY REGISTRA	R 25b. RE	GISTRAR S.SIG		lak_
	JACK LEW	IS. INC. 2100 Eut	aw Place Bali	to. Md. DATE	DEC 22	1966	freez	and and	0
			mil Tanaa Dat.		and the same of th		4		

Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending Divisician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, cremation, or removal, and in any event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

lo municipal de la constant de la co	THE STATE OF THE S	าหาโรก			
	Maryland Mark	MATERIA S	1.3.4	alfag	
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	V ASSAULT				
EX		TARE THE PERSON NAMED IN	put fortune 18 cm	. 7	
7110					
	ht o, wratch	TAND TONE	• • • •	one I. Peter	
	Single Barrier		world cool		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 received by the hospital or attending physician.

TO FUNERAL DESTOR: After this certificate has been signed by the attending physician and completely find by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A1S (4) 1SM 7/61

MARYLAND	STATE	DEPARTMENT	OF	HEALT
NAMES OF STREET	-	IN PA NAME & ASSESSMENT A R	-	THE PART I

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION	OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
16576	CERTIFICATE OF DEATH	4.000

1. PLACE OF DEATH	II a vegy was a server of the	34.0
a. COUNTY	2. USUAL RISIDENCE (Where deceased fived, if institution: Residence be	fore edmission)
MARYLAND	a. STATE	11
b. CITY OR TOWN (if outside corporate limits,		
with RURAL and give nearest town)	CCITY OR JOWN (If outside corporate limits, write RURAL end give neeres	st town)
XIETHGAMANON	1 ( MANAGORIA	17.2.1
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street address)	d.,STREET ADDRESS	IS RESIDENCE
		ON A FARM?
1 L3 CCG MONO CONTRACTOR	VIOON DOPILLANDAUTE YES	S NO X
3. NAME OF First Middle	Last 4. DATE Month Day	Yeer
DECEASED	or is	0
(Type or print)	UEDA DEATH 12-25	1966
5. SEX   6. COLOR OR BACE   7. MARRIED   NEVER MARRIED		NDER 24 HRS.
111111111111111111111111111111111111111	(1) 1801 (tasy birthday) Months Days Hou	urs Min.
JUNICE CEC   WIDOWED   DIVORCED	4-12-100185 yr.	
10s. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WH	AT COUNTRY?
A D V 1 1 2	KUTTOMICO III ( S.	Δ
1 certification	1 1 Carena Mice of	16
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
N.OMALICARINA MA	1 511100 Kl BIAIA 501	
15. WAS DECEASED EVER IN U.S. ARMID FORCES?   16. SOCIAL SECURITY NO. 17.	accuse 14 100000 1	
(Yes, not or unkown) (Ifyes give were reference)	TOP ORMANIE.	. 0
110	1881001519PM. 1808000	1100000
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	DOCACII NO OVO 1 OVO POPO	L BETWEEN
PART I. DEATH WAS CAUSED BY:		AND DEATH
IMMEDIATE CAUSE (0) Deschieland on 4	Occosibilities uns	Cusur
450.0		
DUE TO		
Conditions, if eny, which (b)		
gave rise to immediate cause (a), stating the underlying DUE TO		
cause last.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. W.	PERFORMED?
13 / celestes Mellika	/ YES [	NO
	D. (Enter nature of injury in Pert I or Pert II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH	c (chief heads of injury in refit of refit if of from 19.)	
20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLA Hour a.m. While Not While Fact	ACE OF INJURY (Home, ferm, † 20f. (City or town) (County)	(Stete)
Hour a.m. While Not While fact	lory, street, office bldg., etc.)	
p.m. 19 et work et work		
21. I certify that (I) (this hospital) attended the deceased from.	8 /16 126, to 12/25, 1966, that (	(I) fue last
	// REA	
	death occured at	tated above,
27e. SIGNATURE	ATTENDING MED STAFF	22b DATE
1 / / Harkenson	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	12 3160
22c. PHYSICIAN'S C	22d. ADDRESS	128 100
NAME (Type) + 11 - 1/ D	TO Thoukling of Agrand	1. cont
TICHARA - HOCHMAN	01 1-13HN/14N St. HN/14/01	15 //1
238. BURIAL, CREMATION, 236. DATE THEREOF   23c. HAME OF CEMETERY	OR CREMATORY , AND LOCATION (City, town oncounty)	(Srate)
DEMOVAL (Specify) A 1 2 5 C ( ( Specify)	Readole KI INTERINALININI	16.
DMILL 114-00 436 WILL	LANGE CHELLER CONTRACTOR OF THE CONTRACTOR OF TH	C
24 FUNERAL DIRECTOR'S SIGNATURE	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	
MININAMIKOONETTE ( IAAA	10MM PAREC 28 1966 Vollarles Que	Lac
The many the same	Coline And India	

VR AI5 (4) 20M 1/65

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 16577 CERTIFICATE OF DEATH 16572

2000		11-14-4
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: R a. STATE b. COUNTY	esidence before admission)
ANNE ARUNDEL MARYLAND	a. STATE b. COUNTY MARYLAND ANNE ARU	NDEL
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	
ANNAPOLIS UNKNOWN	ANNAPOLIS. MARYLAND	02.1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
U. S. NAVAL ACADEMY, ANNAPOLIS, MARYLAND	807 WEST STREET	YES NO XX
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
(Type or print) CARL WILLSON	PEDDICORD DEATH DECEMBER	6 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED XX	8. DATE OF BIRTH 9. AGE (In years   IFUNDER last birthday)   Months	
MALE CAUC WIDOWED DIVORCED	APRIL 19, 1915 51 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR during most of working life, even if retired)   INDUSTRY ILS (FOY to	11. BIRTHPLACE (County & State, or foreign country)   12. C	ITIZEN OF WHAT
	ANCE OWENSVILLE, MARYLAND US	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Louis Henry Peddicord	Sarah Elizabeth Greenwell	
	INFORMANT Address	
(Yes, no, or unkown) (If yes give war or dates of service)		4
Yes   W   1   214-05-0991	SAFETY OFFICER, U. S. NAVAL ACADEMY	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: DISSECTING AORTIC A	INEURYSM	
45/X DUE TO		
Conditions, If any, which ) OR MYOCARDIAL INFAF	RCTION	30-40 MIN.
gave rise to Immediate		
Approximation and the Approximation of the Approxim	FART DISFASE	- 2
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL		119. WAS AUTOPSY
No.		PERFORMED?
NONE 20a, ACCIDENT WAS UNDERLYING THE 20b. DESCRIBE HOW INJURY OCCU	URRED, (Enter nature of Injury in Part 1 or Part 11 of Item 18.	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELY  NONE  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TRRED. (Enter nature of injury in Part 1 of Part 11 of Item 16.	
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA factor   20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA factor   20c. TIME OF INJURY MONTH   20c. PLA factor	CE OF INJURY (Home, farm, 20f. (City or town) (Cou	inty) (State)
Hour a.m. While Not While p.m. 19 at work at work	ory, street, office bldg., etc.)	
	Decree 1066 1 6 Decree 10 6	C 11-1 (1) Ass() Look
21. I certify that (I) (XHXX NOED NAX attended the deceased from 6 saw the deceased alive on 6 DECEMBER 1966, and that		
saw the deceased alive on b DECEMBER 19 66, and that	t death occurred at 1240FM, from the causes and on the	ne date stated above. Ate signed
222 III 11- 7 / 4/10	ATTENDING MED OTATE	
Storent oronten Wester M.	D. PHYS. DIRECTOR PHYS.	ECEMBER 1966
22C. PHYSICIAN'S NAME (Type) F F WESTFALL IN LCOR MC USN	22d. ADDRESS	Manuella
F. F. WESTFALL, JR., LCDR, MC, USN	U. S. NAVAL ACADEMY, ANNAPOLIS,	MARYLAND
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify)		inty) (State)
Burial Dec. 9.1966 Glen Haven Cer	metery Glen Burnie	Md
Bever Tey E. Hopping Dull ADDRESS Hopping	25a. REC'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE
Hopping Funeral Home Annapolis, M	DATE DEC 8 1966 Action	res judge
any and a second		

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U. S. HARAE ACADIMY, AMIANDERS, PARYEAMS

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F. F. MITTENLL, J., LC 3, C,USA U. T. NAVAL ACASCAY, AMANDALIA, INTEND

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

16578

16578

CERTIFICATE OF DEATH

1. PLACE OF DEATH  o. COUNTY Anne Arundel MARYLA	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE Maryland b. COUNTY
b. CITY OR TOWN (If outside corporate limits,	
	Baltimore 30.4
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	d STREET ADDRESS   e. IS RESIDENCE
Crownsville State Hospital	1015 E. Monament Street ON A FARM? YES NO D
3. NAME OF First Middle	Lost 4. DATE Month Doy Year
(Type or print) #25942 Thomas	Pennix DEATH 12 14 19 66
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Doys Hours Min.
Male Negro WIDOWED Sepworced	Unknown 67? Yrs.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  Construction	11. BIRTHPLACE (County & Stote, or foreign country)  12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John PPennick	Unknown Emma Trollinger
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16 20 22 22 3999	17. INFORMANT Address
Unknown Unknown	Hospital Records
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART 1. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (0)	
Conditions, if ony, which gove ) (b)	
rise to immediate cause (o),	
stoting the underlying couse   State   State	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	D TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY
C.B.S. due to Cerebral Arterioscl	PERFORMEUS
206. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH	RRED. (Enter noture of injury in Port I or Port II of item 18.)
	e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19 20d. INJURY OCCURRED While of work at work	foctory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from the deceased olive an 12/14/19 56, and	om8/29/, 19_63, to12/14/_, 1966, that (1) (we) last distributed by the date stated obove.
220. SIGNATURE Merculih.	M.D. PHYS. DIRECTOR X PHYS. DIZ/14/66
22c. PHYSICIAN'S NAME (Type) L. Benedict, M.D.	22d. ADDRESS Crownsville State Hospital, Md.
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE	Y OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
Burnal 12/16/66 Mt Calva	y Cemetry A A County Md
24. FUNERAL/ DIRECTOR: ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
H. Halslead 1206 W. north	auc, DATE DEC 16 1986 Palantes Vingas

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 7 and 2 should be filed with the State Dept. at Health priar to burial, crematian, or remayshand in any event, within 72 haurs after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

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	and and and a	HA TEN COM	- Filmoniani j
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	nucleus (	in the same	oupst Dain
auto	of Kalabayas	12-13-February	nomina rioda
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	incould Institute	THE PART	7 (0.00 m)
		eninadi orior maa	
2000 Zb.ZZ	A A B C C C C C C C C C C C C C C C C C		
P 550 75.72	A B M		

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16579

### CERTIFICATE OF DEATH

16579

	70019	CERTIFICATE	OF DEATH	10	943
	PLACE OF DEATH			ceosed lived, if institution: Residen	ce before odmission)
	a. COUNTY A A	MARYLAND	o. STATE	b. COUNTY	A
	b. CITY OR TOWN (If autside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside can	parate limits, write RURAL and give	e nearest tawn)
	write RURAL and give nearest town)	1 day	tura Hay I to	3 nacla	12.1
-	d. NAME OF HOSPITAL OR/INSTITUTION (If not in	hospital give street address)	d. STREET ADDRESS	ZEOCVI	e. IS RESIDENCE
	a. HAME OF HOST TIAL ON HISTORION (IT HOT HE		G. SIKEET ADDRESS		ON A FARM?
	AUNE ALVI	1 de l Weberd			YES NO N
	NAME OF DECEASED (Type or print) Letita	Middle	Piley 4. DA	1.	19 6 6
_		MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years   IF UNDER	
	FW	VIDOWED DIVORCED	March 22 1891	Jast birthdoy) Manths	Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work dane ing most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote		TIZEN OF WHAT
2011	HOUSE WILL	INDUSTRI	Aveat Pari	149104 D	5/7
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	70	
1	duand Ra	LY0111	6ptitis	trondo 1	1
15.			NFORMANT	// C Address	
	es, no, or unknown) (If yes give war ar dates of ser		Gu FRiley	Nells Address	
_	Lin course on priviles	9	WIN WILL	10.1	INTERVAL DETWEEN
	1B. CAUSE OF DEATH (Enter only one cause por PART I. DEATH WAS CAUSED BY:	er line far (a), (b), and (c).)			ONSET AND DEATH
	IMMEDIATE CAUSE (a) _	Bronno.	munia.		
-	7///I DUE TO				
	Conditions, if ony, which gave isse to immediate cause (a),				
	stoting the underlying couse DUE TO				
3	last. (c)				
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	EIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
FIC	20g. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Part I or	Port II of item 18.)	
E.	OR CONTRIBUTING CAUSE OF DEATH				
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Hame, form, 20	Of. (City or town) (Co	unty) (State)
MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur a.m.		ary, street, affice bldg., etc.)	ii. (city of fowit) (co	omy, (sidie)
1	p.m. 19	at wark at wark			
	21. I certify that (I) (this haspite	) attended the deceased from_		, to Rec 4 , 19	
	saw the deceased alive an	ale 4 1966, and tha	t death occurred ot 3:2		
	220. SIGNATURE		ATTENDING MED.	STAFF 22b. D	ATE SIGNED
	write H.	Wilson M.	D. PHYS. DIRECTO		
	22c. PHYSICIAN'S		22d. ADDRESS		
	NAME (Type)				
230	D. BURIAL, CREMATION, 23b. DATE THEREO	F 23c. NAME OF CEMETERY OR	CREMATORY 23d	. LOCATION (City or Town)	(County) (Stote)
0	REMOVAL (Specify)	1 Rilou Marc	tudyu IIA	Division St Hm	15 La 11 1/
1 1					
		ADDRESS	Sq. REC'D BY REC		STORATURE A
	APINESTY FULL OF	ADDRESS 12 Re	DATE DEC		The state of the s

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending paysician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Their please remave carbon papers. Pages 1 and shauld be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs offer-dept Page 4 may be retained by the haspital ar attending physician.

> VR A15 (4) 20 M 1/66

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

T	tem#2c,d,FilmGHU2 7/8	3/68km CERTIFICATE	OF DEATH							
	PLACE OF DEATH o. COUNTY  Anne Arundel	MARYLAND	o STATE	Where deceosed lived, if institute b. COU		efore odmission)				
ŀ	b. CITY OR TOWN (If outside corporate limits, write PURAL and give peorest town)	c. LENGTH OF STAY IN 16	1//	rtside corporote limits, write RU		orest town)				
(	d. NAME OF HOSPITAL OR INSTITUTION (If not in Crownsville State Ho		d. STREET ADDRESS O	00 W. Wand St	reet	e. IS RESIDENCE ON A FARM? YES NO				
1 (	NAME OF First DECEASED (Type or print) #23800 Mar.j	Middle	Roberts	4. DATE Mon OF DEATH 12	th 1	Doy Year 2 19 66				
S. 5	SEX 6. COLOR OR RACE 7.		3. DATE OF BIRTH 1/14/1917	9. AGE (In yeors birthdoy)	Months Do					
10o. duri	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) Unknown	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County Unknown	& Stote, or foreign country)	12. CITIZEN COUNT	OF WHAT				
_	FATHER'S NAME Unknown		14. MOTHER'S MAIDEN Unknown			7-18-5				
	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) ((If yes give wor or dotes of ser		NFORMANT Hospital	Records	ess					
	18. CAUSE OF DEATH (Enter only one couse p PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.  18. CAUSE OF DEATH (Enter only one couse p DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse (c)	Dehydration Refused to take for	ood or Fluid	is	tiated	INTERVAL BETWEEN ONSET AND DEATH				
IFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTI		HE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)		19. WAS AUTOPSY PERFORMED? YES NO PO				
CERT	200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	Enter noture of injury in	Port I or Port II of item 1B.)						
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.  20d. INJURY OCCURRED While of work of									
	21. I certify that (1) (this haspital) attended the deceased fram 6/15/ , 19 62 , ta 12/12/66 , 19 , that (1) (we) la saw the deceased alive on 12/12/12/12/12/12/12/12/12/12/12/12/12/1									
	220. SIGNATURE LIST AND TO	Anall Japp M.C		MED. DIRECTOR STAFF PHYS.	22b. DATE S 12/12					
В	22c. PHYSICIAN'S NAME (Type) Lionel McHe	nry Mapp, M.D.	22d. ADDRESS	msville, Mary	land					
230	D. BURIAL, (REMATION, REMOVAL) (Specify) 23b. DATE THEREO			23d. LOCATION (City or To Windsor Isl	e of Wi	unty) (Stote)				
24	FUNERAL DIRECTOR  Edith K. Tyree Smi	ADDRESS thfield, Virginia	2So. REC	D BY REGISTRAR 2Sb B	EGISTRAR'S SIGN	TURE LEGGE.				

uneral and 2 be executed within 24 haurs after death, and in any event, within 72-hour con and campletely filled in by lease remave carban papers. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending passing director, page 3 shauld be detached for use as the burial-transit permit. Then shauld be filed with the State Dept. of Health priar to burial, crematian, or remaval) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death corpuge 4 may be retained by the haspital or attending physician.

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

16580 CERTIFICATI	E OF DEATH 165kil
1. PLACE OF DEATH a. COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE Maryland b. COUNTY Anne Arundel
b. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town)  Annapolis  3 yrs.	c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)  Annapolis
d. NAME DE HOSPITAL OR INSTITUTION (if not in hospital, give street address)  26 W. Washington Street	d. Street ADDRESS  26 W. Washington Street  e. IS RESIDENCE ON A FARM? YES NOTE
3. NAME DF DECEASED (Type or print) ALICE ROSS SMITH RODRIQUES	Last 4. DATE Month Day Year DF DEATH Dec. 8 1966
Female Negro WIDOWED OIVORCED 1	9. ACE (In years   FUNDER 1 YEAR   FUNDER 24 HRS.   Act   FUNDER 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Demestic	11. BIRTHPLACE (County & State, or foreign country)  A.A.G. Maryland  12. CITIZEN OF WHAT CDUNTRY? U.S.A.
13. FATHER'S NAME  Frederick Smith	14. MOTHER'S MAIDEN NAME  Nartha Gantt
(Yes, no, or unkown) (If yes give war or dates of service)	ttie Pierce-26 W. Washington-Anna. Md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TD Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	OFFO TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 119. WAS AUTDPSY
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLAN factor   20m.   20m.	CE OF INJURY (Home, farm, ry, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that (I) (this hospital) attended the deceased from	death occurred at A. M, from the causes and on the date stated above.  ATTENDING MED. STAFF PHYS.   22d. ADDRESS  Cathedral Street Annapolis, Md.
23a. BURIAL, CREMATION, REMOVAL (Specify)  Barial  24. FUNERAL DIRECTOR  C.E.Hicks 111 Annapolis, Md.	23d. LOCATION (City, town or county) (State)  Annapolis, Md.  25a. REC'D BY RECISTRAR 25b. REGISTRAR'S SIGNATURE  DATE DEC 14 1966

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16581 FOR STATE HEALTH DERT PLACE OF DEATH

> Department of death. after hours the Stote WITHIN with 1 2 lond/ ever ony poges .= File and removoi burial-transit 0 cremation, 0 go buriol, ogent, prior to 3 should its designated

deloy is PM3. Page and 3 to

Office olong with form

in pencil in Item 18. Give Pages

This certificate should be executed within 24 hours ofter death.

word "pending" in pencil in the Chief Medicol Exominer's

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Poge 4 should be forworded

the funeral director.

TO DEPUTY M

necessory, please execute the certificate, writing the word

FUNERAL DIRECTOR: Poge Health or 50

b. COUNTAnne Arundel o. COUNTY Maryland Anne Arundel MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carparate limits, GHER BUCH Perest town 111 11 Glen Burnie d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 965 Princeton Terrace North Arundel Hospital NO F 3. NAME OF First Renauillo 4. DATE Manth Middle DECEASED 12 23 19 66 Richard J. (Type or print) DEATH 1F LINDER 1 YEAR S. SEX 6. COLOR OR RACE 9. AGE (In years IF LINDER 24 HRS 7. MARRIED NEVER MARRIED Ka ast Dirthday) male white DIVORCED WIDOWED 9 1949 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Hardware Fair COUNTRY? Cal. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME hestnut Myrtle Jose Ronquillo 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war ar dates af service) Mr. Jose Ronquillo(Father) Same as #2 216-48-8081 none no CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH Craniocerebral injury DUE TO Canditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION YES X NO 20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) driver in auto-auto collision CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm (City or town) (County) (State) 10:00 Haur XXX 0 Not While factory, street, office bldg., etc.) 12 23 1966 Brooklyn Pk. A.A. Md. ot work 21. I certify that I taak charge of the remains described above, held an AutopsyX Inspection . Inquiry and in my apinian death resulted fram: Natural causes Accident K Suicide Hamicide [ Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Werner U. Spitz, M.D. 12/25/66 **EXAMINER'S** NAME (Type Address (Street, city, tawn, or county) BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Glen Burnie, Dec. 28.1966 Glen Havem Cemetery Ruria. REC'D BY REGISTRAR C 28 196 24 FUNERAL DIRECTO VR A15ME (5) Glen Burnie, Md. Singleton 6M 1/66

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
16582
CERTIFICATE OF DEATH
16582

1. PLACE OF DEAT	Н				NCE (Where deceased		: Residence before admission)	
a. COUNTY  ANNE A	DIMINET		ALADYI AND	a. STATE b. COUNTY CAROLINE CO				
b. CITY OR TDW	(N (if outside corporat and give nearest tow	e limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (	If outside corporate	limits, write RUR	AL and give nearest town)	
ANNAPO		N /is not in ho.	spital, give street address)	d. STREET ADDRES	NS BORO		1 a. IS RESIDENCE	
d. NAME OF HU	SPITAL OR INSTITUTIO	N (If not in nos	spital, give street address)	d. STREET ADDRES			ON A FARM?	
NAVAL	HOSPITAL				None		YES NO	
3. NAME OF DECEASED	Fl	rst	Middle	Last	4. DATE OF	Month	Day Year	
(Type or print)	ANNA		MARIE	ROSTIEN	DEATH	DEC	16 19 66	
5. SEX		7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	last	birthday) Months	ER 1 YEAR IF UNDER 24 HRS.  B   Days   Hours   Min.	
TEMALE	FION (Give kind of works	_		28 NOV 188	County & State, or for	yrs.   eign country)   12.	CITIZEN OF WHAT	
during most of work	Ing life, even If retired	i) iNi	DUSTRY				COUNTRY?	
House			None	14. MOTHER'S MA	na.		U.S.A.	
						2 2 1		
	rohmeier				ena Mage			
(Yes, no, or unkown)	EVER IN U.S. ARMED FO (If yes give war or dates or	f service)		INFORMANT		Address		
No		J.	Tone so	N RICHARD	A. ROSTIEN	GREENS	BORO MARYLAND	
18. CAUSE OF	DEATH [Enter only on	e cause per lin	e for (a), (b), and (c).]	4	-		INTERVAL BETWEEN	
PART I. DI	EATH WAS CAUSED BY	(a) C	is diac	Tres			VIISCI AND DEATH	
199.2	DUE		/	11 //	1		11.1	
Conditions, If	any which \	(b) CM	untive &	Hart fo	ulure		un mous	
gave rise to	Immediate (		1	0 11			unknow	
cause (a), s underlying caus	tating the	(c) D15	Seminalle	d Casen	uma Tos.	5	mous	
			ING TO DEATH BUT NOT REL	ATED TO THE TERMINA	L DISEASE CONDITIO	N GIVEN IN PART 1(	a) 19. WAS AUTOPSY	
L SAT	1/ Amie	611	maken. T	io leut	rema		PERFORMED?	
20a. ACCIDENT	WAS UNDERLYING	1 20b. DI	ESCRIBE HOW INJURY OCC	URRED. (Enter nature	of injury in Part I o	r Part II of Item		
OR CONTRIBUT	ING CAUSE OF DEATHER MEDICAL EXAMINATION	TH NER)		(2000)				
0 1	INJURY Month, Day,		fact	ACE OF INJURY (Home, ory, street, office bldg.	farm, 20f. (City	or town) (6	County) (State)	
Hour a.	m. 19	While at work	- Not while -	ory, server, orneo Brog.	, 0.0.,			
		ital) attende		5 DECEMBER	19 66 to 16	DECE 19	66 that (I) (we) last	
	ceased alive on 1		19 66 and the	it death occurred at	1105M. from th	e causes and or	the date stated above.	
22a. SIGNATA		///	Z 10 OQL, and the	it death obdorred at	to yan, nom a		DATE SIGNED	
NI	Mully	- Chy	rues M.	D. PHYS.		TAFF HYS. T	5 DEC 66	
22c. PHYSICIA	AN'S	1	M.	22d. ADDRESS	DIRECTOR	1113.	DEC OO	
NAME (T	ype LCDR M.F.	FORNES	. MC USN	NAVAL HO	SPITAL ANN	APOLIS.	MARYTAND	
23a. BURIAL, CREM			23c. NAME OF CEMETER			ON (City, town or		
REMOVAL (Sp Buria	eclfy)						36.5	
240 FUNERAL DIR	ECTOR <sub>o</sub>	<del>-66</del>	Greensb		REC'D BY REGISTRAR	nsboro 1 25b. REGISTRA	AR'S SIGNATURE	
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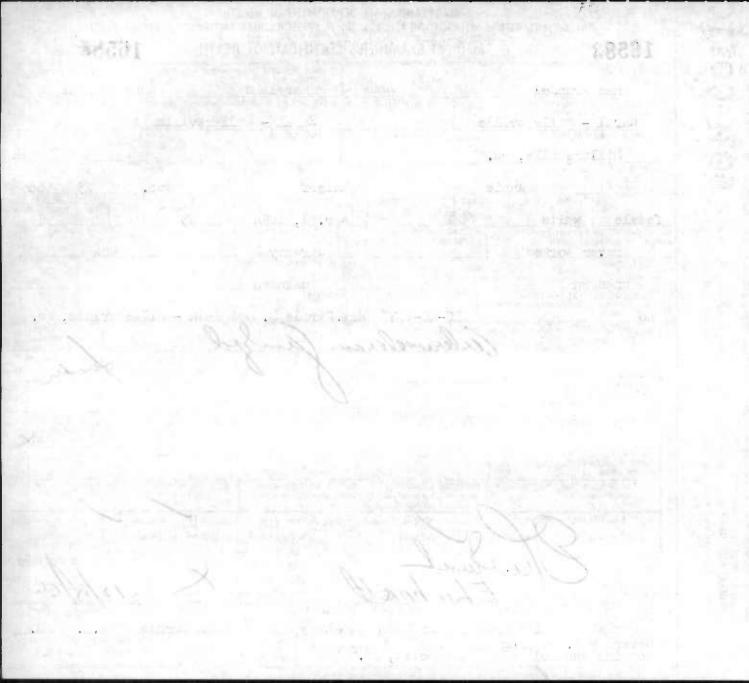
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	MAKILAND STATE DEPARTMENT OF REALTH	
Division	of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE,	MARYLAND 2120
3	of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, Titem G384 12/30/66 mh MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1658

PALTI	DEDA	4									00-	
TEALIH	DEPT		PLACE OF DEATH					2. USUAL RESIDENC	E (Where deceosed li		Residence before of	odmission)
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200	partment at after deam		b. CITY OR TOWN (If our		4	c. LENGTH OF STAY		c. CITY OR TOWN (II	f outside corporate li			
and and M3.			write RURAL and give	neorest town)	: 77-						12	1
2, 2 P.	partn	-		Miller sv				d. STREET ADDRESS	- Millers	ATTTE	Ua	IC DECIDENCE
T - E	De		d. NAME OF HOSPITAL O			ive street oddress)		d. SIKEEL ADDKESS			0.	IS RESIDENCE ON A FARM?
eath. If o Pages 1, vith farm	ate De	10	Miller	sville, 1	vid.						YE	S NO X
death Pag with	Sto 72 F		NAME OF	Fin	st	Middle		Lost	4. DATE	Month	Doy	Year
70 >	the in 7	-	DECEASED (Type or print)	Anı	nie		R	udorf	OF DEATH	Dec.	25	1966
de Give	with the St within 72		. SEX 6.	COLOR OR RACE	7. MARRIED	NEVER MARRIE		DATE OF BIRTH		E (In years IF	UNDER 1 YEAR 1	F UNDER 24 HRS.
200	2 w		female v	vhi te	WIDOWED	DIVORCE	D TA	or. 1. 188		st birthdoy) Mo	onths Doys	Hours Min.
haers Item 7	and 2 event	-	Oo. USUAL OCCUPATION (Giv			ND OF BUSINESS OR			ote or foreign countr		12. CITIZEN OF V	/HAT
	-		uring most of working life, e	even if retired)	INE	DUSTRY					COUNTRY?	
in 24 in er's	pages in any	1	3. FATHER'S NAME	worked				German v	EN NAME		USA	
within pencil xamine	pg .u	9						14. MOTHER 3 MAIDE	EN NAME			
	File	-	unknowr	1			1 10 10	unknot	wn			
			S. WAS DECEASED EVER IN I Yes, no, or unknown) ((If ye	J.S. ARMED FORCES?	f service) 16. S	OCIAL SECURITY NO.	17. IN	IFORMANT		Address		
executed inding" in Medical E	permit. moval,		no	3		0-48-2145	Mrs	Myrtle E.	Deinlei	a - Mille	ersville	Md.
d be executed of "pending" i			18. CAUSE OF DEATH		se per line for	(g) (b), ond (c).)	2		00			VAL BETWEEN
be ief	insi or r		PART 1. DEATH W	AS CAUSED 8Y: IMMEDIATE CAUSE (	(a)//lel	eressol !	le rese	, lan	sed		ONSIA	AND DEATH
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e should the word ta the C	burial-transit matian, or re		Conditions, if ony, whi		(b)				0		Jus.	ly
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cat of led	as a I, cre		stoting the underlying last.	Conze	(c)		6				200	
s certificate should e, writing the word farwarded ta the C			PART II. OTHER SIGNIFI	CANT CONDITIONS CO	ONTRIBUTING TO	O DEATH BUT NOT BE	LATED TO TH	IF TERMINAL DISEASE	CONDITION GIVEN IN	PART 1(a)	119 W	'AS AUTOPSY
e, w farw	used	0	TAKI II. OTTEK SIONIT	CART CONDITIONS CO	SHIKIDOTHIO I	O DEATH OUT NOT KE	ENTED TO TI	IL TERMINAL DISEASE	CONDITION OTVER IN	1861 1(0)	PE	RFORMED?
This icate	s. auld be priar ta		20o. EXTERNAL CAUSE V	A/AC	L ani. pro	CDISC HOW INHIBY C	ACCHIRDED (C		:- D I D II -	f ta 10 3	YES	NOX
	Pia i		PRIMARY OF CONTRIB		20b. DES	CRIBE HOW INJURY C	CCURRED. (E	inter noture of injury	In Port I or Port II o	filem 18.)		
INER: e certifi shauld	les. shauld t, priar		CAUSE OF DEATH.									
execute the cert ar. Page 4 shauld	= m =		20c. TIME OF INJURY Hour o.m.	Month, Doy, Yeor	20d IN While	JURY OCCURRED  Not While		OF INJURY (Home, f ry, street, office bldg., o		y or town)	(County)	(Stote)
Te te			p.m.	19	gt work	of work	10010	y, 311001, 0111100 blugs, 1	010.7			
ecui	ained far y IRECTOR: Po designated		21. I certify th	at Laok charge	of the rem	ains described a	bave, held	an Autopsy	, Inspection	, Inquiry	and ir	n my opinion
exe	30 E	614	death resulted		Lauses C	Accident		le 🗍 Homici		ermined mann		
2 8 5	REC esi	-		7/1	V		,	CHIEF MEDI	CAL EXAMINER			
MED: please direct	L DII		ACTUAL	1111	. elic	al		M.D. ASSISTANT	MEDICAL EXAMINER		22.	DATE SIGNED
Tal I	RAL ar ii		EXAMINER'S	- Marie	- 1	/	111	_ m.v.	DICAL EXAMINER		/	//
SSOR	NER I	24	NAME (Type)	V	1-6	Whok	VIII		reet, city, town, or co	unty	12/2/	166
O DEPUTY MEI necessary, pleas the funeral dire	5 may be retained far TO FUNERAL DIRECTOR: Health ar its designate	=	30. BURIAL, CREMATION,	23b. DATE THE	REOF	23c. NAME OF CEM	ETERY OR CI	•		ON (City or Town)	(County)	(Stote)
2 = =	2 P I		REMOVAL (Specify) Burial	12/28						Burnie	Α Α	
		0				Glen Have	II cem		EC'D BY REGISTRAR		RAR'S SIGNATURE	Md.
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

PLACE OF DEATH   COUNTY   CO		16584		CERTIFICATE	OF DEATH		16585
MARYLAND  b CITY OR TOWN (If audisde carporate limits, write RIRAL and give nearest town)  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS 109 Maple Lang  on A FARMY  PS							
write RURAL and give nearest town)  d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)  d. STREET ADDRESS 109 Maple Lane  PEGEASED  WARNO F  BECCASED  (If you or print)  S. SEX  6. COLOR OR RACE  7. MARRIED  NEVER MARRIED  NEVER MARRIED  NEVER MARRIED  NEVER MARRIED  NIVORCED  NI		ANNE HI	RUNDAL		MARULA	Nd /	TANE HRUNDE
A NAME OF DECEASED   Sex   6 COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years believed the property of the p				c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If aut	side carparate limits, write RURAI	. and give nearest tawn)
ANABO OF DECEASED OF First Middle Lost A DATE Marking Life year of the property of the propert	1	FNNAPOLI	S Md		HNNAP	DNIS	Md /
S. MAME OF DECEASED   1/2 per or print)   1/2   1/3 per or print)   1/4 per or print		d. NAME OF HOSPITAL OR IN:	)	ive street address)	d. STREET ADDRESS 10	9 Maple Lane	
S. SEX   G. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   97. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   15. SEX   G. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   97. AGE (In years   If UNDER 1 YEAR   IF UNDER 24 HRS.   IF UNDER 2	1	NNAPOWIS	NURSING	HOME.	1 1441 13419	81414 13694 14 Mg	YGQ YES NO
S. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   NEVER MARRIED   DIVORCED   JAN 23 879   9. AGE (In years   IFUNDER 24 HRS.   Months   Days   Hours   Min.		DECEASED ;	First 11 i P	Middle		OF DP.	C 22 1986
VIDOWED   DIVORCED   DIVORCED   JAN 33 / 8 / 9 / 9 / 9 / 9 / 9 / 9 / 9 / 9 / 9			OR OR RACE 7. MARRIED	NEVER MARRIED			
The control of the	F	EMALE (			IAN 23 18%	19 8 % yrs.	
13. FATHER'S NAME  Charles Scholdt  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates of service)  NOM  NOM  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Canditions, if ony, which gave rise to immediate cause (a), stoting the underlying cause (c)  PART II/OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II/OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  19. WAS AUTOPSY PERFORMED?  YES NO  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTION CONT			if retired 10b. KI	DAZIKA	11. BIRTHPLACE (County &	State, ar tareign country)	COUNTRY?
Schold   S		C 1- E-1-1	- Ketired	Grocery			yes
S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (Iff yes give war ar dates af service)   16. SOCIAL SECURITY NO.   17. INFORMANT   Address   VAN BORE NOTE:   NOTE:   AND APOINTS INVESTING   ABOVE NOTE:   AND APOINTS INVESTING   Address   VAN BORE NOTE:   NOTE:   And APOINTS INVESTING   And APOINTS INVESTING   Address   VAN BORE NOTE:   NOTE:   And APOINTS INVESTING   Address   VAN BORE NOTE:   NOTE:   And APOINTS INVESTING   And APOINTS INVESTIGATED   And APOIN	13.	FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	
Section   Conditions, if any, which gave rise to immediate cause (a),   Section   Se	(	ChARKES			CARON	A STATE OF THE STA	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)   PART 1. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)   DUE TO   Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause   (c)     PART II/OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY PERFORMED? YES NO     20a. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)   20c. TIME OF INJURY Manth, Day, Year Hour a.m.   19   Ont While   On		es, na, ar unknawn) (If yes giv		SOCIAL SECURITY NO. 17, 1	NFORMANI	Address	VANBUREN
PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (a)   DUE TO		No 1	lone	AL.	NAPONIST	UVRSING Hom	LE Y BAYKICGO
IMMEDIATE CAUSE (a)   DUE TO				(a), (b), and (c).)	- · · · · · · · · · · · · · · · · · · ·	1110	
Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.    DUE TO				nomin	res of	oge.	
Stating the underlying cause   OUE TO     Stating the underlying cause		4201			V		
Stating the underlying cause   (c)			(a)				
PART II/OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CLUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Manth, Day, Year Hour a.m.  p.m.  19 While Not While at wark  at wark  OR CONTRIBUTION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO  (Enter nature of injury in Part 1 or Part II of item 18.)  (Caunty) (State)		stating the underlying ca					
PERFORMED?  YES NO   20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Manth, Day, Year Hour a.m. p.m.  19  PERFORMED?  YES NO  PERFORMED?  YES NO   YES NO  Y			) (c)				I 10 WAS AUTODSY
20c. TIME OF INJURY Manth, Day, Year Hour a.m. p.m. 19  20d. INJURY OCCURRED While at wark at	NO	PART IL OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART I(a)	PERFORMED?
20c. TIME OF INJURY Manth, Day, Year Hour a.m. p.m. 19  20d. INJURY OCCURRED While at wark at	B	Smun	1 x arone	my ann	ws cur	vers	YES NO
p.m. of wark 🗀	CERTIFI	OR CONTRIBUTING CAUSE	OF DEATH	SCRIBE HOW INJURY OCCURRED.	(Enter nature af injury in P	art I ar Part II af item 18.)	
p.m. of wark 🗀	MEDICAL	Haur a.m.	While	Mat While fact		20f. (City ar tawn)	(Caunty) (State)
			UI WOIL		1- 1- 10	101 -10 1-1122	1 10/1/3hat /1\ /wax law
saw the deceased glive on 11 2 c 19 2 and that death occurred at M, from couses ord on the date stated above							7
226. BIONATURE 226. DATE SIGNED /			· M	17.00 0110 1110	dodn occorred as_	111, 110111-100303 0)	
M.D. ATTENDING DIRECTOR DIRECT		nam	ul KM	I'M como			12/22/66
22c. PHYSICIAN'S NAME (Type) MAURICE F. KLAWANS 31 SOUTHGATE AV. ANNAPOLIS			URICE F.K	LAWANS	3150 V	THGATE.	AV. ANNAPOLIS
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)	230	BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town	n) (Caunty) (State)
REMOVAL(Specify) 12/27/1966 Loudon Park Cemetery Baltimor, Maryland		REMOVAL (Specify) Burial	12/27/1966	Loudon Park		Baltimor, Ma	aryland
24 FUNERAL DIRECTOR ADDRESS Lto., my. 250 (RECO BY REGISTRAR'S SIGNATURE)		4. FUNERAL DIRECTOR	. 0	ADDRESS /	my/. 250 ERECTO	BY REGISTRAR 2Sb REGI	STRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages I and should be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after deat

VR A15 (4) 20 M 1/66

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1658	35		CERTIFIC	ATE OF DEATH			1	658	36
a. COUNTY	Anne Arun	del	MARYLAN	2. USUAL RESIDENCE o. STATE Mar	(Where decease	ed lived, if institut b. COU	nian: Resident NTY Anne	ce before	admission)
b. CITY OR TOWN write RURAL o	(If outside corporate limit nd give neorest town)	s,	c. LENGTH OF STAY IN 16		outside carparot				
	ital or institution (if n ndel Genera			d. STREET ADDRESS					e. IS RESIDENC ON A FARM YES X NO
3. NAME OF DECEASED (Type ar print)	Geor	rst ge	Middle <b>Hiram</b>	SEEDERS	4. DATE OF DEATH	Man De cer		Day	8 Year 6
S. SEX Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH Oct. 12, 1	ARCHE / TOTAL	AGE (In years lost birthdoy) 99 yrs.	Months Months	Doys	Hours A
13. FATHER'S NAME	ON (Give kind af wark dane g life, even if retired)  CR  VER IN U.S. ARMED FORCES? ) (If yes give war or dates	eder.	ND OF BUSINESS OR DUSTRY  SOCIAL SECURITY NO.	11. BIRTHPLACE (Coup  MINEY CO  14. MOTHER'S MAIDEN  17. INFORMANT  MYS J. L. B.	West	Virginia  Bakek  Addr	2 CO	IZEN OF UNTRY? J. S.	
	ate couse (a),	(o) C 10 (b) C	(o), (b), ond (c).) andrai	arent deven)	1 d V	Ma			ERVAL BETWEE SET AND DEAT
PART II. OTHER	SIGNIFICANT CONDITIONS	ONTRIBUTING T	O DEATH BUT NOT RELATED	D TO THE TERMINAL DISEASE C	ONDITION GIVEN	N IN PART 1(o)			WAS AUTOPSY PERFORMED? ES NO
OR CONTRIBUTION	AS UNDERLYING  IG CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCUP	RRED. (Enter noture of injury i	n Part I ar Port	II af item 18.)			
된 Hour d	IJURY Manth, Day, Year a.m. p.m. 19	20d. IN While at work	Nat While	e. PLACE OF INJURY (Hame, fa foctory, street, affice bldg., et	c.)	(City or tawn)		unty)	(Stat
saw the	deceased alive an_		ded the deceased fra 19 <u>66</u> , and	m, I that death accurred o	ntt	Dec. 8	and an t		e stated al
220. SIGNATUR	E PM			M.D. PHYS	MED. DIRECTOR	STAFF PHYS.	22b. D	ATE SIGN	ED

22c.

PHYSICIAN'S NAME (Type)

23o. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City or Tawn)

100 Cathedral St., Annapolis, Md. (State) (County)

ADDRESS ADDRESS 24. FUNERAL DIRECTOR

2So. REC'D BY REGISTRAR DEC DATE

22d. ADDRESS

REGISTRAR'S SIGNATURE 966

Milanles

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

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LEG at least one	AT THE SHALL STORY			
	AND THE PERSON NAMED IN			

16586 CERTIFICATE OF DEATH

			16500
1. PLACE OF DEATH  •. COUNTY		ICE (Where deceased lived, If I	nstitution: Residence defore edmissio
ANNE ARUNDEL MARYLAND	STATE MO.	b. COUN	TY .
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b			RURAL and give nearast town)
write RURAL and give nearest town)  Rt Geo G Meade, Marvland 56 minuets	St Louis, N		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS		e, IS RESIDENC
			ON A FARM
Kimbrough AH, Ft Geo G Meade, Md.		Brilliant Stree	
(Type or print) Marion Porter Simmons	Last	4. DATE Month OF DEATH Decen	
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years last birthday)	
Male Negroid WIDOWED DIVORCED 2	24 July 1944	22 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	RY   11. BIRTHPLACE (Cou	nty & State, or foreign country)	12. CITIZEN OF WHAT COUNTE
done during most of working life, even if retired)  Soldier  U.S. Army	ST LOUIS, N	/O.	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN		JUN
Marion Simmons	Besie		
AC MARCON CONTRACTOR C		5217 Catada	illiant Street
YES (Ityesgivewarordalesofservice) 493-46-0659 Bes		A) St Louis, Md	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:  [MMEDIATE CAUSE (e) Status Asthmations	3		Minuets
DUE TO			
Conditions, if eny, which (b) Allergic Reaction			
geve rise to Immediate cause			
(a), stating the underlying			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPS
			PERFORMED?
208. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURRE	D (F. )	B . 1 B . 0 (1) 10 )	YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	O. (Entar nature of injury I	n Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLA Hour a.m. While Not While fact p.m. 19 at work at work	CE OF INJURY (Home, fari lory, streat, office bldg., etc	m, 20f. (City or town)	(County) (Slete)
21. I certify that (this hospital) attended the deceased from	:04hrs 23Dec	1966, to 8:10 hrs	23Dec66hat XX (wa) la
saw the deceased alive on 23DEc			nd on the date stated above
Strant A Brager, Cpt, MC M	ATTENDING PHYS.	MED. STAFF PHYS.	23 Dec 66 SIGN
22c. PHYSICIAN'S	22d. ADDRESS		
NAME (Type) STUART H. BRAGER, CPT, MC		n AH, Ft Geo G.	
BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY DEC. 30, 1966 JEFFERSON BAR		AL, ST.LOUIS, M	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	4	C'D BY REGISTRAR 256. REG	SISTRAR'S SIGNATURE
Harold S. Wade, 550 Wash. Blvd., Laurel, Mar	yland DATE	JAN 3 1967	Milanles Cudal.
	10///6	1001	11

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

WILL A	1	16587 CERTIFICATE	OF DEATH	6588
signed by the ottending physician and completely filled in by the funeral burial-transit permit. Their place remove corbon papers. Pages 1 and burial, cremation, or removal, and in any event, within 72 hours after death	)	1. PLACE OF DEATH  o. COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence of STATE Maryland b. COUNTY	e befare admission)
Poges		b. CITY OR TOWN (If dutside corporate limits, write RURAL and give necess town)  Smos. 5days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest town)
lled in languages.	16	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)  Crownsville State Hospital	d. STREET ADDRESS 1021 N. Castle Street	e. IS RESIDENCE ON A FARM? YES NO
orbon porty fil		3. NAME OF DECEASED (Type or print) #23478 Benjamin Wise	Smith A DATE Month OF DEATH 12	Doy Year 16 19 66
d comp move c		Male Negro WIDOWED DIVORCED	8. DATE OF BIRTH 12/25/1937  9. AGE (In years if UNDER I Months yrs.	Days Haurs Min.
cian and ease re and in c		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  11	Maryland	UNTRY?
men of		Benjamin Smith	Lillian	
by the ottending fronsit permit. The		(Yes, no, or unknown) (If yes give war ar dates of service) 215-34-0619.	INFORMANT Address Hospital Records	
y the consit po		18. CAUSE OF DEATH (Enter anly one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive H	leart Failure	ONSET AND DEATH
igned b urial-tr		Canditians, if ony, which gave is to immediate couse (a), (b) Hypertension		6FX4-Fx
		stating the underlying cause (c) Glomeruldnep	hritis, Chronic	19. WAS AUTOPSY
ote has r use o	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO  Schizphrenia Reaction, Chronic  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL FRAMINFE)		PERFORMED?  YES NO
certific thed fo pt. of H		206. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		(5)
ter this e deto		While at wark at wark	CE OF INJURY (Home, form, lary, street, office bldg., etc.)	
DIRECTOR: After this certificate has been as 3 should be detoched for use os the led with the Stote Dept. of Health prior to		21. I certify that (I) (this haspital) attended the deceased fram_saw the deceased alive an12/16/1966, and tha	t death accurred a5:15 M, fram causes and an th	<b>b</b> , that (I) (we) last ne date stated above. NE SIGNED
DIRECT gge 3 sk iled wit		22c. PHYSICIAN'S M.I	D. PHYS. DIRECTOR PHYS. DIA 12/	16/66
To FUNERAL DIRECTOR: After this certificore had director, page 3 should be detoched for use should be filed with the Stote Dept. of Health	1	NAME (Type) L. Benedict, M.D.  23g. BURIAL (REMATION.   23b. DATE THEREOF   23c. NAME OF CEMETERY OR	Crownsville State Hospital  CREMATORY   23d. LOCATION (City or Town)	(County) (Stote)
= 1	9	REMOVAL (Specify)  Survey  24. FUNERAL DIRECTOR  ADDRESS  ADDRESS  ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	
VR A15 (4) . 20 M 1/66	3	1 /1 Wilson 1000 B ant	CardateDEC 19 1966 Jelian	es Judge

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physicion.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEA	ALTH
	RESEARCH AND RECORDS, 301 W. PRESTON STR	REET, BALTIMORE 1, MARYLAND
16588	CERTIFICATE OF DEATH	16589

10000	LIVIII IONI	r OI PEAIII		10000			
1. PLACE OF DEATH a. COUNTY AA	MARYLAND	2. USUAL RESIDENCE a. STATEMO	E (Where deceased lived, If Institution b. CAUNTY Co				
b. CITY OR TOWN (if outside corporate limits, write Republic and give nearest town)	NGTH OF STAY IN 1b	c. CITY OR TOWN (IF	outside corporate limits, write RU I	RAL and give nearest town)			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, NAGH	give street address)	d. STREET ADDRESS 1214 River	side Dr Och Beh	e. IS RESIDENCE ON A FARM? YES NO			
3. NAME OF First DECEASED (Type or print) Harry	Middle Spe	cht Last	4. DATE Month Dec DEATH	6 Day Year 19 66			
5. SEX   6. COLOR OR RACE   7. MARRIED   NE   Wildowed   X	DIVORCED	8. DATE OF BIRTH Apr 1,1893	73 yrs.				
10a. USUAL OCCUPATION (Give kind of work done during meet of working life, even if retired)  10b. KIND OF INDUSTR		Penna	ounty & State, or foreign country) 1	2. CITIZEN OF WHAT			
13. FATHER'S NAME Aaron Specht		14. MOTHER'S MAID	en name Cahauser				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service)	The least of the last	INFORMANT Family	Address Same				
18. CAUSE OF DEATH [Enter only one cause per line for		* CHILLY	Danie	I INTERVAL BETWEEN			
	(a), (b), and (c).1	1.1	A .	ONSET AND DEATH			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Classe	myolard	ul infare	lean	1 hour			
177V	1	01.	1 .	/			
Conditions, if any, which }	" Astoria	Whenker his	est desease	2 moulles			
gave rise to immediate	i anene	0000,00		11			
cause (a), stating the DUE TO underlying cause last.	careenim	ce of the	prostate gland	3/2 years			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELI	ATED TO THE TERMINAL D	DISEASE CONDITION GIVEN IN PART	PERFORMED?			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE SIGNIFICANT CONTRIBUTING TO THE SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO THE SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTING TO THE SIGNIFICANT CONTRIBUTIONS CONTRIBUTIO	BE HOW INJURY OCCU	JRRED. (Enter nature of	finjury in Part I or Part II of Iter	n 18.)			
20c. TIME OF INJURY Month, Day, Year 20d. INJURY Hour a.m. While not at work at work at work	occurred 20e. PLA factor	ACE OF INJURY (Home, fa ory, street, office bidg., e	arm, 20f. (City or town)	(County) (State)			
	21. I certify that (I) (this hospital) attended the deceased from 3/18, to 12/6, that (I) (we) last						
22a. SIGNATURE  B. M. M. Lleughlin	M.I	ATTENDING -	MED. STAFF 22k	2/7/66			
22c. PHYSICIAN'S NAME (Type) R.M. Me Laug	hlin	3708 More	utain Road O.	Esalean Mol.			
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. 12/9/66	NAME OF CEMETER		23d. LOCATION (City, town of Balto Co	r county) (State)			
24. FUNERAL DIRECTOR	ADDRESS			RAR'S SIGNATURE			
	21.225	DATE	DEC 9 1966 &	harles Judge			

VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16583 CERTIFICATE OF DEATH be executed within 24 haurs after death. death completely filled in by the funeral 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATI b. COUNTY after MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b hours write RURAL and give neorest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street/address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS within 72 YES NO A NAME OF Middle DATE Month Lost Day Year OF DEATH DECEASED 19 66 in any event, (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX DATEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED remove lost birthdoy) Months Doys Hours WIDOWED DIVORCED puo 12. CITIZEN OF WHAT 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) lease INDUSTRY COUNTRY 2 physician nen please pup certificate 13. FATHER'S NAMI 14. MOTHER'S MAIDEN NAME signed by the ottending physi buriol-transit permit. Then pl buriol, cremation, or removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address requires that the deoth (Yes, no, or unknown) (If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for, (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) attending physician. DUE TO Tetroselerosis Canditians, if any, which gave rise ta immediate couse (a). DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been be detoched for use as the State Dept. of Health prior to WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO YES be retained by the hospital or O HOSPITAL OR ATTENDING PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (State) 20c. TIME OF INJURY Manth, Doy, Year (County) Haur a.m. foctory, street, office bldg., etc.) Nat While ot work 1966, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram director, page 3 should should be filed with the 1966, and that death accurred at 232 M, fram causes and an the date stated abave. saw the deceased atte an 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF M.D. DIRECTOR PHYS. PHYS. 22d.\_ADDRESS 22c. PHYSICIAN'S Poge 4 may NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Unia 74. FUNERAL DIRECTOR ADDRESS 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 DATE A

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 16590 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) . COUNTY b. COUNTY \$ 7 £ ANNE ARUNDEL MARYLAND ANNE ARUNDEL MARYLAND and deat b. CITY OR TOWN (if outside corporate limits, þ c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) 24 write RURAL end give neerest town) = FT GEO G MEADE DAYS SEVERN Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE hours ON A FARM? #3. BOX 89B KIMBROUGH ARMY HOSPITAL ROUTE YES NOX papers. completel 72 3. NAME OF Middle 4. DATE Month Day Yeer DECEASED c WANDA (Type or print) KATHERINE SITTLEY DEATH DECEMBER 29 19 66 carbon withi 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and lest birthdey) Months FEMALE CAU JULY 19,1914 WIDOWED [ DIVORCED T Shysician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Home CLEVELAND OKLAHOMA USA please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending JOHN WIPPLE SARAH CATHERINE WITT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address levoi (Yes, no, or unkown) | (If yes give war or detes of service) Smith Sutley (husband) Same as Item #2 permit. 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH signed PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatis Carcinoma of liver emation, affending Carcinoma of breast Conditions, if eny, which geve rise to immediate ceuse DUE TO (a), steting the underlying couse lest. certificate hospital PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY Se 0 CERTIFICATION PERFORMED? use prior YES X NO [ for 200. ACCIDENT WAS UNDERLYING [7] he 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Pert II of item 1B.) Health OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (State) (County) jo factory, streat, offica bldg., etc.) While Not While Hour DIRECTOR: et work et work 99 1906, to 29 Dec ....., 19.66, that XI) (we) last 70 should saw the deceased alive on 29 Dec 19 66 and that death occurred at 100 M, from the causes and on the date stated above. SIGNATURE ATTENDING MED. STAFF SIGNED HOSPITAL with t FUNERAL DIRECTOR PHYS. PHYS. M.D. PHYSICIAN'S 22d. ADDRESS filed v BRCHER, CPT, MC AH, FGGMMD KIMBROUGH 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 0.58 0 REMOVAL (Specify) ARTI TNGTON NAT'L ORT MYERS 25m. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	16591	CERTIFICATE	OF	DEATH				16	59	3	
1.	PLACE OF DEATH ANNE ARUNDEL	-11		AL RESID <b>ENC</b> TATE		re decease	b. COUN		sidence	before a	dmission)
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	C. LENGTH OF STAY IN 15	c. CITY	OR TOWN (If	outside	corpora	rte limits, wr	Ite RURAL	and give	пеаге	st town)
	Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	15 months pital, give street address)	d. STRE	ET ADORESS	ller	swil	le			ON A	SIOENCE FARM?
_	Bay Manor Nursing Home					Road					NO L
3.	NAME DF OECEASEO (Type or print)	Middle	de	ist	4. D	ATE F EATH	Dea	h	Day	Ye	6 6
5.	SEX   6. COLOR OR RACE   7. MARRIED	NEVER MARRIEO 3.	DATE C	F BIRTH		9. A0	E (In years st birthday)	IF UNDER 1	YEAR I		R 24 HRS.
	Mhite WIDOWED		9 Oc				62 yrs.				
dui	ring most of working life, even if retired) INO	OUSTRY		THPLACE (Co	ounty &	State, or 1	oreign country	12. CII	UNTRY1		ī
13	Retired  B. FATHER'S NAME	[ ]	4. MO	THER'S MAID	EN NA	AE			- COLIS		
	Ira Wade			Ali	00	Duva	77				
	5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SC	OCIAL SECURITY NO.   17. IN	FDR MAI	NT TW	Ce	DUVA	Addre	35	- 1		
(4	(If yes give war or dates of service)	R	usse	11 C.	Wade	, sa	me as	2			
	18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY:		/	0 A (	7		1.0	,		VAL BE	
	1 34   IMMEDIATE CAUSE (a)	reumonia	0	9 19	rev		xoa			1	
	Conditions, if any, which	Morary	v.	eden	na				5	da	yr
	gave rise to immediate cause (a), stating the underlying cause last.	nguiting	1	at	7	ail	hurs			/	
FION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	ING TO DEATH BUT NOT RELATE	о то тн	Ę TERMINAL C	DISEASE	CONOIT	ON GIVEN IN	PART 1(a)		WAS AU	
ICA	Cirtiqueler	otie Car	de	vas	ecu	lan	Lu	earl	YES	***********	NO 🗌
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. OE OR CONTRIBUTING 20b. CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURR	EÖ. (En	ter nature of	Injury	in Part I	or Part II o	of Item 18.)			
MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJ Hour a.m.   While p.m. 19   at work			URY (Home, fa office bldg., e		Of. (CIt	y or town)	(Cour	ity)	(	State)
2	21. I certify that (I) (this hospital) attended		ef:	23,1	965	to_E	عد :	2, 196	6, th	et (I) (	we) last
	saw the deceased alive on 7500 3	2 19 64, and that d	eath or	corred at Z	35/1	A, from	the causes				l above.
	22a, SIGNAPORE	M.D.	ATTEN PHYS.	OING DAIL	MEO. OIRECT	OR 🗌	STAFF PHYS.	22b. DA	TE SIG	NED A	6
	22c. PHYSICIAN'S Ray M. Smith, M.	.D?	22d Se	ADDRESS	Park	c, MA	RYLAND		/		
23	a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Society)	23c. NAME OF CEMETERY OF	R CREM	ATORY	230		TION (City, t		nty)	(S	tate)
	Burial 5 Dec. 1966	Meadowridge	e Me	morial	פית פע	Howa	rd Co.	Mi	e CICNI	TIDE	

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VR AIS (4) 20M 1/65

Kirkley Funeral Home.

Glen Burnie.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16500

### CERTIFICATE OF

16594

	40000	Q	CLI	THICALL	. OI DEAIII					
	PLACE OF DEATH				2. USUAL RESIDENCE	(Where deced			befare adm	nissian)
	O. COUNTY ANNE A	RUNDEL		MARYLAND	o. STATE	RYLAND	b. COU		NE AR	LINDEL
	L CITY OF TOWN /	If outside cornerate limits	c. LENGTH OF	STAY IN 1b	c. CITY OR TOWN (If					
	GLEN BU	d give neorest town) RNIE	3½, Y E	ears	GLEN BUI	RNIE	(Ripp	oling	Ridge	) 02
	d. NAME OF HOSPIT	AL OR INSTITUTION (If not	in hospitol, give street oddres	55)	d. STREET ADDRESS				e. IS	RESIDENCE A FARM?
	1254 A	ster Orive	(Rippling R	(idge)	1254 As	ter Di	rive		YES [	NO NO
	NAME OF DECEASED	First	Midd	le	Last	4. DATE OF	Mon	th	Doy	Year
	(Type or print)	SHARON	JUNE		WALSH	DEATH		ember	8,	19 66
S.	SEX	6. COLOR OR RACE	7. MARRIED NEVER M.	ARRIED 🔣	B. DATE OF BIRTH		<ol> <li>AGE (In years lost birthdoy)</li> </ol>	IF UNDER 1		NDER 24 HRS. urs Min.
F	emale	White	WIDOWED DIV	ORCED	Feb. 6, 19	963	3 yrs.	MOTITIS	Doys	ors Mills.
		N (Give kind af wark dane	10b. KIND OF BUSINESS	OR	11. BIRTHPLACE (Coun	ty & State, ar f	areign country)		ZEN OF WHA	NT.
auri	ing mast of warking		NDUSTRY		Baltimo	re. Ma	rvland		5.A.	
13.	FATHER'S NAME				14. MOTHER'S MAIDEN					
	noh	n F. Walsh			SHE	LVA	Minebrer	ner		
15.	WAS DECEASED EVE	ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY	NO. 17.	INFORMANT	LUA	Addr			
(Ye	s, no, or unknown)	(If yes give wor or dotes of s	service) None	MT	. John E.	Mehèh	(father	) Cam	P 96	#2
			e per line far (o), (b), and (c).			HIER ST.	THORICZ	7		BETWEEN
	PART 1. DEA	TH WAS CAUSED BY:						7.000	ONSET A	ND DEATH
	325	5 IMMEDIATE CAUSE (a	7 00711710010 00710	AHUE						
	Canditians, if any		MEDITOL	RETARC	DATION					
	rise to immedio	te cause (o), (	1							
	stating the unde	erlying couse (c	)							
3	PART II. OTHER SI		NTRIBUTING TO DEATH BUT NO	OT RELATED TO	THE TERMINAL DISEASE C	ONDITION GIV	/EN IN PART 1(a)		19. WAS	AUTOPSY
TION		RONCHITIS							YES T	ORMED?
FICA	20o. ACCIDENT WA		JOH DESCRIBE HOW INT	HEN OCCUPEED	(Enter noture of injury i	n Port I or Po	art II of item 18.)		165	1 110 [2
MEDICAL CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH	203. DESCRIBE HOW HAS	DRY OCCURRED.	TEMOT HOLDING OF HIGHLY I	11 1011 101 10	71 11 01 Hom 10.1			
SALC		MEDICAL EXAMINER) URY Month, Doy, Yeor	20d. INJURY OCCURRED	20e PLA	CE OF INJURY (Home, fo	rm.   20f.	(City or town)	(Cour	ntv)	(Stote)
AED!(	Hour a.	m.	While Not While		tory, street, affice bldg., et		tent or rown)	(000.	,,	(5.0.0)
	p.1		at work ut at wark		- / 1/2	10 (2)	to Norem	02	In about	1) () 1
	saw the d	i <b>ry</b> that (I) ( <del>Inis-nospi</del> leceased alive an A <i>li</i> a	ital) attended the dece	asea from_	it death accurred	17 300.	M, fram causes	and an th	e date st	ated above
10	220. SIGNATURE		1						TE SIGNED	
		Inge!	Nenne	M.	D. PHYS.	MED. DIRECTOR	STAFF PHYS.	Dec.	.8,19	66
	22c. PHYSICIAN				22d. ADDRESS					
	NAME (Type	) Inge Renn	ner MD		Univ	ersity	/ Hosp.	Ralto	Md.	
230	. BURIAL, CREMATI		EOF 23c. NAME O	F CEMETERY OR	CREMATORY	23d. L	OCATION (City or To	uwn) (	(County)	(State)
	REMOVAL (Specify	Dec 12	.1966 St. F	atrick	's Cemete:	rv Mt	. Savage	e. Mar	vland	
24	FUNERAL DIRECTO		ADDRE		2So. RE	C'D BY REGIST	TRAR 2Sb. R	EGISTPAR'S SI	CNATHE	
	RICHARD	V. SINGLET	ON GLEN	BURNIE.	MD DATE	EC 9	1986	Jelian	Ces Ju	da

DATE DEC 9

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removed, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Poge 4 moy be retained by the hospital or ottending physician.

VR A15 (4) 20 M 1/66

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### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16593

FOR STATE

in pencil in Item 18. Give Pages 1, 2, and 3 to

This certificate should be executed within 24 hours ofter death. If

deloy

the funeral director. Page 4 should be forwarded to the Chief Medical Committee's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department of Heolth or its designoted agent, prior to buriol, cremation, or removol, ond in any event within 72 hours after death,

necessory, please execute the certificate, writing the word "pending"

TO DEPUTY MEDICAL EXAMINER:

DEPT

	40000	,	MLDIC	AL EXAMIN	IEK 2	EKHITICATE	OF DEATH		10	595	
	PLACE OF DEATH o. COUNTY	A.Co.			/LAND	o. STATE	1	b. COUNT	AGC	-	in)
,	FERN C			c. LENGTH OF STAY	N lb	C. CITY OR TOWN (IF	autside carparate lir	nits, write RURA	L and give neares	30 -	4
		al or institution (if no	it in haspital, givi	e street address)		d. STREET ADDRESS	houn	ih ka	/.	e. IS RESIL ON A FA	
3.	NAME OF DECEASED (Type or print)		le S.	Middle W	SSER	Last	4. DATE OF DEATH	Manth	Day	19	66
S.	SEX	6. COLOR OR RACE	7. MARRIED X	NEVER MARRIED DIVORCED		DATE OF BIRTH			Manths Days	Haurs	Min.
dur	ing most of working	(Give kind af wark dane lite, even if retired)	INDU	OF BUSINESS OR ISTRY Electric	c Co.	Russia	te or foreign country	')	12. CITIZEN OI COUNTRY?		
		Wasserman				14. MOTHER'S MAIDE  Ronia	N NAME Sugarman				
1S. (Ye	WAS DECEASED EVE es, no, or unknown) NO	R IN U.S. ARMED FORCES? (If yes give war ar dates o	if service)	cial security no. .known		s. Evelyn		Address n, 3615		th Ro	ad
	PART I. DEA 434, S Canditians, if any rise to immediat stating the under last.	te cause (a), (	(d) (b)	In A	AVED TO THE	UL TERMINAL DISTASE (	CONDITION CIVEN IN	DART I/a)	Ohreen	ERVAL BET SY AND D	DEATH
MEDICAL CERTIFICATION	2Da. EXTERNAL CA PRIMARY ar CO CAUSE OF DEATH.	AUSE WAS				inter nature of injury				PERFORM	
MEDICAL		10	20d. INJU While at work	Nat While atwark		OF INJURY (Home, for ry, street, affice bldg., e		y ar tawn)	(Caunty)	(	(Stote)
	21. I certif deoth result  ACTUAL SIGNATURE EXAMINER'S NAME (Type)	y that Lator charge ted from: Natura	e of the remo	Accident	pove, held , Suicio	He , Homicio CHIEF MEDIC M.D. ASSISTANT M DEPUTY MED	, Inspection [ de, Undet AL EXAMINER IEDICAL EXAMINER DEL ICAL EXAMINER DEL eet, city, tawn, or co		nner 🗌	22. DATE	
	BURIAL, CREMATION REMOVAL (Specify Burial FUNERAL DIRECTO	12/4/	REOF .	23c. NAME OF CEMI	tery or c			ON (City or Town	(Caunty  Marylan  ISTRAR'S SIGNATUR	d	tate)
	ol Levin		Inc., 6	010 Reis	terst				Charles		ge

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	4	CERTIFIC	CATE OF DEATH		16596
PLACE OF DEA     O. COUNTY	TH		2. USUAL RESIDENCE (W	here deceased lived, if institution b. COUN	on: Residence befare admission)
o. COUNTY	ANNE ARUNDEI	MARYLA			ANNE ARUNDEL
b. CITY OR TO	VN (If outside corporate limited and give nearest tawn)	its, c. LENGTH OF STAY IN	1b c. CITY OR TOWN (If out:	ide corporate limits, write RUR	AL and give nearest tawn)
WITE KOKA	GLEN BURNIE	12 Days	GLER	BURNIE	02.1
d. NAME OF HO	SPITAL OR INSTITUTION (If	nat in haspital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	NORTH ARUND	EL HOSPITAL	104	MAPLE LANE N.	
3. NAME OF DECEASED		First Middle	Last	4. DATE Month	
(Type ar print)	EMORY		WATTS	DEATH DECEMBER	
S. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Doys Hours Min.
MALE	WHITE	WIDOWED DIVORCED	☐ JANUARY 30,1	885 81 yrs.	
	TION (Give kind of work dom king life, even if retired)	e 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County &		12. CITIZEN OF WHAT COUNTRY?
TAKEN CAR	SR Mechanic	(Ret) BRO RAILROA		EL CO., MARYLAI	OUNTRY?
13. FATHER'S NAM	(E		14. MOTHER'S MAIDEN NA	AME	
Genro	e D. Watts			eth Friedhof	
Yes, no, or unkno	EVER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT	Addres	
No	None	1721-10-9809 ouse per line-for (o), (b), ond (c).)	Mrs. Emma R.	Watts (wife)	Same as #2
rise to imme stoting the u last.	Inderlying cause DU	E (a) Prombases  E (a) Prombases  E TO  (b) erebral (c)			
PART II. OTH	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATI	ED TO THE TERMINAL DISEASE COND	OITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
OLIVATION ACCIDENT	WAS UNDERLYING ET	1905 DESCRIPE HOW INHIPY OCCI	IDDED /Feter acture of injury in D.	ant Law Bant II of item 10.)	YES NO
OR CONTRIBU	WAS UNDERLYING  TING  CAUSE OF DEATH TIFY MEDICAL EXAMINER)		URRED. (Enter nature of injury in Po		
20c. TIME OF	TING CAUSE OF DEATH TIFY MEDICAL EXAMINER) INJURY Manth, Day, Year ro.m. 19	20d. INJURY OCCURRED 2 While Not While of work	20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)	20f. (City or tawn)	(Caunty) (State)
20c. TIME OF Hou	TING CAUSE OF DEATH TIFY MEDICAL EXAMINER) INJURY Manth, Day, Year ro.m. 19	20d. INJURY OCCURRED While Not While of work stronger of the stronger of the deceased from the decease of the deceased from the decease of the deceased from the decease of the deceased from th	20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)	20f. (City or tawn)	(Caunty) (State)
20c. TIME OF Hour Saw th 22o. SIGNAT	INJURY Manth, Day, Year r o.m. 19 ertify that (I) (this ha e deceased alive an URE	20d. INJURY OCCURRED While Not While of work stronger of the stronger of the deceased from the decease of the deceased from the decease of the deceased from the decease of the deceased from th	ende. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)  ram	20f. (City or tawn)	
20c. TIME OF Hour saw th	INJURY Manth, Day, Year r o.m. 19 ertify that (I) (this ha e deceased alive an URE URE	20d. INJURY OCCURRED While of work of work of the deceased from 1966, and 1966.	ende. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)  ram	20f. (City or town)  20f. (City or town)  10	(Caunty) (State)  , 19 4, that (I) (we) lived and an the date stated abare 122b. DATE SIGNED
20c. TIME OF Hour Phone Saw th 22c. SIGNAT	INJURY Manth, Day, Year ro.m. 19 ertify that (I) (this have deceased alive an urrely and strong and	20d. INJURY OCCURRED While Nat While of work spital) attended the deceased fr 19 6 , an Leipold M. D. HEREOF 23c. NAME OF CEMETE	20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)  ram // 2 , 19  nd that death accurred at ATTENDING PHYS.  22d. ADDRESS  407 Cra:	20f. (City or town)  20f. (City or town)  20f. (City or town)  30f. (City or town)	(Caunty) (State)

**10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

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### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16595 PLACE OF DEATH

### MEDICAL EXAMINER'S CERTIFICATE OF DEATH

-	13	-	43	19.49
	6	2	43	1
- 4	4.7	2.3	Q.	- 2

2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)
o. STATE
b. COUNTY

		STA		
HE	ALT	H [	)EF	T.
any delay is		rws. ruge	epartment af	after death.

in pencil in Item 18. Give Pages 1, 2, and 3

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

necessary, please execute the certificate, writing the ward "pending"

5 may be retained far your files. **10 FUNERAL DIRECTOR:** Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health ar its designated agent, priar to burial, cremation, ar remaval, and in any event within 72 haurs after deather the state of the contraction of the contrac

the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with form PM3. Pag

		O. COUNTY PACO	MARYLAND	O. STATE ELD	b. COUN	Balto, Cal		
		b. CITY OR TOWN (If outside corporate limits, write RIKA) and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR IOWN (If outside corporate limits, write RURAL and give nearest town)				
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g	give street oddress)	d. STREET ADDRESS	/	e. IS RESIDENCE		
0	3	13 Talbot Ave - Laurel, M	d.	& fair	fund the	ON A FARM? YES NO		
		NAME OF DECEASED (Type or print)  There is a second of the print of th	Middle	walls	4. DATE Mont OF DEATH	2 10 1966		
	S.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	AGE (In years lost birthdoy)	Months Doys Hours Min.		
	_	M C WIDOWED	DIVORCED	6-2-91	lost birthdoy) 5 yrs.			
			ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (Stote  Maryland		12. CITIZEN OF WHAT COUNTRY?		
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME			
		William Watts		Anna	Vickers			
	15. (Ye	es, no, or unknown) (If yes give wor or dotes of service)		Mrs. Thomas 8 Fairfield	Watts Dr.	955		
		1B. CAUSE OF DEATH (Enter only one couse per line for PART 1. DEATH WAS CAUSED BY:  1MMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse last.  (c)	Udine	(frem		ONSET AND DEATH		
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. W PREVIOUS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PREVIOUS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PREVIOUS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PREVIOUS PR							
	L CERTIFICATION	20o. EXTERNAL CAUSE WAS 20b. DE PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH.	SCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 1B.)			
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. In Hour o.m. While p.m. 19 of work	Not While foct	CE OF INJURY (Home, form ory, street, office bldg., etc.)		(County) (Stote)		
		21. I certify that I took charge of the ren deoth resulted from: Natural causes		ide, Homicide CHIEF MEDICAL	, Undetermined me	uiry , and in my opinior anner		
2		EXAMINER'S NAME (Type) F. Lewhole.	est.		AL EXAMINER , city, town, or county)	12-10-66.		
	230 E	D. BURIAL, (REMATION, REMOVAL (Specify)  12-13-66	23c. NAME OF CEMETERY OR Loudon Park		23d. LOCATION (City or Tov	, , , , , ,		
1		Witzke F.D4101 Edmondso		2So. REC'D	BY REGISTRAR 2Sb. RE	GISTRAR'S SIGNATURE Clarkley Judge.		

VR A15ME (5)

## FOR STATE HEALTH DEPT.

permit File pages 1 and 2 with the State Department removed and any event within 72 hours after death. O DEPUTY MEDI. EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit of Health or its designated agent, prior to burial, cremation, or TO DEPUTY MEDIS

> VR AI 5ME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Besidence before admission) a. STATE b. COUNTY
H, H, MARYLANO	11D. 17. H.
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)
EDGEWATER	EDGEWATER Od.
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	a. IS RESIDENCE ON A FARM?
PINE WHITT BEACH	PINEWHITT DEACHT YES NO
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) / ARIIV   WE	ZLBROCK DEATH DEC 13 1966
5. SEX   6. COLOR OR RACE   7. MARRIEO   NEVER MARRIED	8. OATE OF BIRTH 9. AGE (In years   IFUNOER 1 YEAR   IFUNDER 24 HRS.   Months   Oays   Hours   Min.
VIOOWED OIVORCEO /	0-9-1896 10 yrs.
10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR during most of working-life, even, if retired)   NOUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
D. of C. GOUT. BUILDING & GROUNDS	GERMANY 4.5
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
MARTIN WELLBROCK	PIARY MINK
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, po, or unknown) (If yes pive war or dates of service)	INFORMANT 1245 OFFEDERAL DR.
125 WUI+11 018.09-2821WI	WIAM J. HOWHAND MONTGOMERY, ALA.
PART I. CEATH WAS CAUSEO BY:	O O O ONSET ANO OEATH
IMMEDIATE CAUSE (8) William Werkse	5 Janewises
DUE TO	O Sunder
Conditions, if eny, which gave rise to immediate (b)	
couse (e), stating the DUE TO	
underlying cause lest. (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 119. WAS AUTOPSY
E PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEAT R BUT NOT RELA	PERFORMEUT
20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCU	YES NO XI
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PROPERTY OF CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	PARES. (Enter Hattie of Highly In Part 1 of Pert 11 of Item 20.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLA facto while p.m. 19 at work at work	yry, street, office bldg., etc.)
21. I certify that I took charge of the remains described above, he	ld an Autopsy , Inspection , Inquiry , and in my opinion
	icide , Homlcide , Undetermined manner
11 60/6	CHIEF MEDICAL EXAMINER
SIGNATURE Kurbeaff	M.O. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
EXAMINER'S F	OEPUTY MEDICAL EXAMINER
NAME (Type) - LIW hARd .	Address (Street, city, town, or county) 12-13-66
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	OR CREMATORY 230 LOCATION (City, town or county) (State)
24. FUNERAL DIRECTOR / ADDRESS	1,25a, REC'D BY REGISTRAR 1 25b. REGISTRAR'S SIGNATURE
IN MI P. I - She ( tune - 1 M.	DEC 19 1966 Occurred Ones
John M. Jay In Trous anacysous, 100	A OATE OATE

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o STATE h COUNTY MARYLAND Maryland Anne Arundel c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glen Burnie (Ferndale) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS OR INSTITUTION (If not in hospital, give street oddress) YES NO TO 25 Mlan Middle 4. DATE Month Doy Year WELL EC 19 66 3 T DEATH IF UNDER 24 HRS IF UNDER 1 YEAR B. DATE OF BIRTH 9. AGE (In years S. SEX 7. MARRIED **NEVER MARRIED** Jost birthdoy) Months Hours 9-26-10 WHITE WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT Westinghouse COUNTRY? during most of working life, even if retired)

M. I. Writer Mass. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sheehan Albert J. Wells Marv 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yeggive wor or dates of service) 17. INFORMANT 16 SOCIAL SECURITY NO Address (Wife 016-10-6466 Mrs. Bertha M. Wells Same as #2 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: G.I. TRACT IMMEDIATE CAUSE (0) HEMORRHAGE FROM DUF TO 2 DAYS Conditions, if ony, which gove PERTENSION rise to immediate couse (a), DUF TO stoting the underlying couse CIRRHOSIS 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port | or Port || of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) Hour o.m. Not While ot work 19 66 19 66, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive on\_ 1966, and that death accurred at 6.35M, fram causes and an the date stated above. 22h. DATE SIGNED 22o. SIGNATURE STAFF PHYS. ATTENDING 12-3-66 DIRECTOR 22d. ADDRESS 201 BALTIMORE-ANNAPELIS 22c. PHYSICIAN'S GLEN BURNIE NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION REMOVAL (Specify) 1966 St. Michael's Cemetery Springfeild. Mass. Burial 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 24. FUNERAL DIRECTOR Richard V. Singleton Glen Burnie, Md. Charles 1966

Poge 4 may be retained by the hospitol or ottending physician. director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to TO FUNERAL DIRECTOR: After this certificate VR A15 (4) 20 M 1/66

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signed by the burial-transit p

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16598 CERTIFICATE OF DEATH 3 funeral 1 and 2 ter deoth: certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. CQUNTY b. COUNTY Anne Rundel Anne/Rundell ve carbon popers. Pages 1 event, within 72 hours after MARYLAND Marvl and b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Edgewater c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Edgewater d. STREET ADDRESS e. IS RESIDENCE ON A FARM? .= d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) filled Riverside Road Riverside Road YES NO X 3. NAME OF remove carbon 4. DATE Month Year completely Ralph Alfred DECEASED 12 28-19 66 (Type or print) DEATH S SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** lost birthdoy) Months Dovs Hours ond in any Male White WIDOWED DIVORCED Yrs. 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? **INDUSTRY** physicion Washington, 14. MOTHER'S MAIDEN NAME g Auctioneer & Appraiser 13. FATHER'S NAME burial, cremotion, or removal, Adam A. Weschler McCormick Ellin E. offeriding IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. OR ATTENDING PHYSICIAN: The law requires that the death permit. (Yes, no, or unknown) (If yes give wor or dotes of service) See Item No. 578-03-4649 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b) INTERVAL BETWEEN signed by the buriol-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Poge 4 moy be retained by the hospitol or ottending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO r this certificate hos been si detached for use as the b te Dept. of Health prior to b stoting the underlying couse lost. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH Stote Dept. of detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o.m. Not While ot work ot work **DIRECTOR:** After pe 21. I certify that (I) (this haspital) attended the deceased fram 12 196 6 director, page 3 should should be filed with the 19 6 6, and that death accurred at \$ 4 M, fram causes and an the date stated abave. saw the deceased alive an\_\_\_\_ 22o. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS PHYS 22d. ADDRESS 22c. PHYSICIANS O FUNERAL chunch NAME (Type) GEN MIN 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Olivet Cemetery Washington 966 Burs 24. FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Joseph Gawler's VR A15 (4) 20 M 1/66 Wisc. rve



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16599 CERTIFICATE OF DEATH and 2 death. requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) and campletely filled in by the funeral remave carban papers. Pages 1 and 1. PLACE OF DEATH o. COUNTY b. COUNTY o. STATE Anne Arundel Maryland Anne Arundel ofter MARYLAND b. CITY OR TOWN (If outside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn)
Annapolis Annapolis e. IS RESIDENCE ON A FARM? papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Hicks Avenue Anne Arundel General Hospital YES NO 4. DATE × i 3 NAME OF First Middle Уеаг Last Day DECEASED WEST Dolly Ann December 10 19 66 (Type ar print) DEATH 9. AGE (In years last birthdoy) S. SEX 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED Manths Days Hours in any WIDOWED X DIVORCED November 17,1894 Female Negro 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign country) physician a ren please dvov and in during most of warking life, even if retired) COUNTRY? INDUSTRY Virginia U.S Jomes + 10 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME dmonds signed by the attending burial-transit permit. In reri WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates af service) crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY care IMMEDIATE CAUSE (o' attending physician. DUE TO burial, Conditions, if any, which gave rise ta immediate cause (o), **DUE TO** stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been the PHYSICIAN: The law last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? use State Dept. af Health NO be retained by the haspital ar far 20g. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Home, farm, (City ar town) 20c. TIME OF INJURY Manth, Day, Year 2Dd. INJURY OCCURRED (County) (State) Haur o.m. factory, street, office blda., etc.) Nat While O HOSPITAL OR ATTENDING at work at wark 21. I certify that (I) (this hospital) attended the deceased from shauld directar, page 3 shauld shauld be filed with the saw the deceased olive on December 10,1966, and that death occurred of 10,1966, from couses and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** STAFF M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23g. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) eme 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) JURCH S

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased live	ed, if institution: Residen	ce before odmission) /
a. COUNTY Anne	Arundel	MARYLAND	o. STATE Maryland	& COUNTY	e Arundel
	outside corparate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carparate limi	its, write RURAL and give	nearest tawn)
write RURAL and a	FN BURNTE		Glen Burnie		02.1
		nospitol, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE
Nort	h Arundel Ge	neral Hospital	7345 Furnace	Branch Roa	d ON A FARM?
B. NAME OF DECEASED	First	Middle	Lost 4. DATE TALLT TIE OF T	Month	Doy Year
(Type ar print)	CLEMETI	NA MARCIL	WHITE DEATH I	December	1 19 66
S. SEX	6. COLOR OR RACE 7. M	MARRIED NEVER MARRIED	1 1/1/10 lact	(In years IF UNDER birthdoy) Months	
Female	Negro w	100WED DIVORCED	Juga /2/100 100	yrs. 5	23
Oo. USUAL OCCUPATION ( luring mast of working life	Give kind of work dane e, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BURTHPLACE (Stote or foreign country)		IZEN OF WHAT UNTRY?
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAME	0	
CAMES	WHITE	5	CLEMENTINE	GANTT	•
S WAS DECEASED EVER	IN ILS ARMED FORCES?	16 SOCIAL SECURITY NO. 17-	INFORMANT	Address	A
(Yes, no, or unknown)	yes give wor or dotes of serv	(ice)	EMENTINE WA	118 6/10	SWENTER
				10/01	0-14
1B. CAUSE OF DEA	TH (Enter only one couse pe	r line for (o), (b), and (c).)		was per	INTERVAL BETWEEN
	WAS CALISED BY.		<del></del>	voja	-
	WAS CALISED BY.	r line for (o), (b), and (c).) Interstitial Pneum	<del></del>	vajer.	INTERVAL BETWEEN
PART I. DEATH  5 2 3  Canditions, if any, w	WAS CAUSED BY:  IMMEDIATE CAUSE (o) I  DUE TO  which gave ) (b)		<del></del>	· · · · · · · · · · · · · · · · · · ·	INTERVAL BETWEEN
Canditions, if any, wrise to immediate	WAS CAUSED BY:  IMMEDIATE CAUSE (o) I  DUE TO  which gave (b) (b)		<del></del>	VS/CF	INTERVAL BETWEEN
PART I. DEATH  5 2 3  Canditions, if any, w	WAS CAUSED BY:  IMMEDIATE CAUSE (o) I  DUE TO  which gave (b) (b)		<del></del>	v v v v v v v v v v v v v v v v v v v	INTERVAL BETWEEN
Conditions, if any, wrise to immediate stating the underly lost.  PART II. OTHER SIGN	WAS CAUSED BY:    MMEDIATE CAUSE (o) I    Which gave (b)   couse (o),     ing cause (c)   (c)	nterstitial Pneum	<del></del>		INTERVAL BETWEEN ONSET ANO DEATH
Conditions, if any, wrise to immediate stating the underly lost.  PART II. OTHER SIGN	WAS CAUSED BY:    MMEDIATE CAUSE (o) I    Which gave (b)   couse (o),     ing cause (c)   (c)	nterstitial Pneum	onitis (SDII)		INTERVAL BETWEEN ONSET ANO DEATH
Canditions, if any, wrise to immediate stating the underly lost.  PART II. OTHER SIGN  200. EXTERNAL CAUS PRIMARY Or CONT CAUSE OF DEATH.	WAS CAUSED BY:    MMEDIATE CAUSE (o) I   DUE TO	Interstitial Pneum	onitis (SDII)	PART 1(o)	INTERVAL BETWEEN ONSET ANO DEATH  19. WAS AUTOPSY PERFORMED?
Canditions, if any, wrise to immediate stating the underly lost.  PART II. OTHER SIGN PRIMARY Or CAUSE OF DEATH.  20c. TIME OF INJUR Hour o.m.	WAS CAUSED BY:    MMEDIATE CAUSE (o) I   DUE TO	BUTING TO DEATH BUT NOT RELATED TO  20b. DESCRIBE HOW INJURY OCCURRED  20d. INJURY OCCURRED  20d. INJURY OCCURRED  400 Pt. Not While 600 For	THE TERMINAL DISEASE CONDITION GIVEN IN P	PART 1(o) item 1B.)	INTERVAL BETWEEN ONSET ANO DEATH  19. WAS AUTOPSY PERFORMED?
PART I. DEATH  Conditions, if any, we rise to immediate stating the underly lost.  PART II. OTHER SIGN  200. EXTERNAL CAUS PRIMARY — or CONT CAUSE OF DEATH.  20c. TIME OF INJUR Hour o.m., p.m.	WAS CAUSED BY:    MMEDIATE CAUSE (o) I   DUE TO	BUTING TO DEATH BUT NOT RELATED TO  20b. DESCRIBE HOW INJURY OCCURRED  20d. INJURY OCCURRED While Not While of work of work	THE TERMINAL DISEASE CONDITION GIVEN IN P  (Enter nature of injury in Port 1 or Port II of ACE OF INJURY (Home, form, tory, street, office bldg., etc.)  20f. (City	PART 1(o) item 1B.) ar tawn) (Cau	INTERVAL BETWEEN ONSET ANO DEATH  19. WAS AUTOPSY PERFORMED? YES NO
Conditions, if any, wrise to immediate stating the underly lost.  PART II. OTHER SIGN  200. EXTERNAL CAUS PRIMARY Or CONT. CAUSE OF DEATH.  20c. TIME OF INJUR Hour o.m. p.m.  21. I certify	WAS CAUSED BY:    MMEDIATE CAUSE (o) I   DUE TO   Which gave   (b) _   couse (o),     ing cause   (c) _   UIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELATED TO  20b. DESCRIBE HOW INJURY OCCURRED  20d. INJURY OCCURRED While Not While of work of work the remains described obove, h	THE TERMINAL DISEASE CONDITION GIVEN IN P  (Enter nature of injury in Port 1 or Port II of ACE OF INJURY (Home, form, tory, street, office bldg., etc.)  20f. (City eld an Autopsy & Inspection	PART 1(o) item 1B.) ar tawn) (Cau	INTERVAL BETWEEN ONSET ANO DEATH  19. WAS AUTOPSY PERFORMED? YES NO
Canditions, if any, we rise to immediate stating the underly lost.  PART II. OTHER SIGN  200. EXTERNAL CAUSE OF DEATH.  20c. TIME OF INJUR. Hour o.m., p.m.	WAS CAUSED BY:    MMEDIATE CAUSE (o) I   DUE TO   Which gave   (b) _   couse (o),     ing cause   (c) _   UIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELATED TO  20b. DESCRIBE HOW INJURY OCCURRED  20d. INJURY OCCURRED While Not While of work of work the remains described obove, h	THE TERMINAL DISEASE CONDITION GIVEN IN P  (Enter nature of injury in Port 1 or Port II of ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)  eld an Autopsy K, Inspection	PART 1(o) item 1B.) ar tawn) (Cau	INTERVAL BETWEEN ONSET ANO DEATH  19. WAS AUTOPSY PERFORMED? YES NO
Conditions, if any, wrise to immediate stating the underly lost.  PART II. OTHER SIGN  200. EXTERNAL CAUS PRIMARY Or CONT. CAUSE OF DEATH.  20c. TIME OF INJUR Hour o.m. p.m.  21. I certify	WAS CAUSED BY:    MMEDIATE CAUSE (o) I   DUE TO   Which gave   (b) _   couse (o),     ing cause   (c) _   UIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELATED TO  20b. DESCRIBE HOW INJURY OCCURRED  20d. INJURY OCCURRED While Not While of work of work the remains described obove, h	THE TERMINAL DISEASE CONDITION GIVEN IN P  (Enter nature of injury in Port I or Port II of ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)  eld an Autopsy K, Inspection cide , Undete	PART 1(o) item 1B.) ar tawn) (Cau , Inquiry, ermined monner	INTERVAL BETWEEN ONSET ANO DEATH  19. WAS AUTOPSY PERFORMED? YES NO
PART I. DEATH  Conditions, if any, we rise to immediate stating the underly lost.  PART II. OTHER SIGN  PRIMARY Or CONT CAUSE OF DEATH.  20c. TIME OF INJUR Haur o.m.  21. I certify death resulted ACTUAL	WAS CAUSED BY:  IMMEDIATE CAUSE (o) I  Which gave (b)	BUTING TO DEATH BUT NOT RELATED TO  20b. DESCRIBE HOW INJURY OCCURRED  20d. INJURY OCCURRED While Not While of work of work the remains described obove, h	THE TERMINAL DISEASE CONDITION GIVEN IN P  (Enter nature of injury in Port I or Port II of  ACE OF INJURY (Home, form, tory, street, office bldg., etc.)  eld an Autopsy K, Inspection cide Homicide U, Undete	PART 1(o) item 1B.) ar tawn) (Cau , Inquiry, ermined monner	INTERVAL BETWEEN ONSET ANO DEATH  19. WAS AUTOPSY PERFORMED? YES NO  ond in my opinic
PART I. DEATH  Conditions, if any, wrise to immediate stating the underly lost.  PART II. OTHER SIGN  200. EXTERNAL CAUS PRIMARY Or CONT CAUSE OF DEATH.  20c. TIME OF INJUR Hour o.m. p.m.  21. I certify deoth resulter  ACTUAL SIGNATURE  EXAMINER'S	WAS CAUSED BY:    MMEDIATE CAUSE (o) I   DUE TO     Couse (o),   DUE TO     Co	BUTING TO DEATH BUT NOT RELATED TO  20b. DESCRIBE HOW INJURY OCCURRED  20d. INJURY OCCURRED While of work of work for the remains described obove, houses key, Accident of the control of	THE TERMINAL DISEASE CONDITION GIVEN IN P  (Enter nature of injury in Port I or Port II of  ACE OF INJURY (Home, form, tory, street, office bldg., etc.)  eld an Autopsy K, Inspection Cide Homicide Homicide Undete CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or cau	PART 1(o) item 1B.) ar town) (Cau , Inquiry , ermined monner	19. WAS AUTOPSY PERFORMED? YES NO Cond in my opinion on the interpretation of the condition
PART I. DEATH  Conditions, if ony, we rise to immediate stating the underly lost.  PART II. OTHER SIGN  200. EXTERNAL CAUSE OF DEATH.  200. TIME OF INJUR Hour o.m. p.m.  21. I certify deoth resulter  ACTUAL SIGNATURE EXAMINER'S NAME (Type)	WAS CAUSED BY:    MMEDIATE CAUSE (o) I   DUE TO     Couse (o),   DUE TO     Co	BUTING TO DEATH BUT NOT RELATED TO  20b. DESCRIBE HOW INJURY OCCURRED  20d. INJURY OCCURRED While of work of work the remains described obove, houses , Accident , Su	THE TERMINAL DISEASE CONDITION GIVEN IN P  (Enter nature of injury in Port I or Port II of  ACE OF INJURY (Home, form, tory, street, office bldg., etc.)  eld an Autopsy K, Inspection Cide Homicide Homicide Undete CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or cau	PART 1(o) item 1B.) ar town) (Cau , Inquiry , ermined monner	INTERVAL BETWEEN ONSET ANO DEATH  19. WAS AUTOPSY PERFORMED? YES NO  Ond in my opini  22. DATE SIGNE 12/1/66  (County) (State)

VR A15ME (5) 6M 1/66

6-136

FOR STATE HEALTH DEPT

event within 72 hours after death

d within 24 haurs after death. If any delay is in pencil in Item 18. Give Pages 1, 2, and 3 ta

This certificate should be executed within 24 haurs after death. If

TO DEPUTY MESTAL EXAMINER:

necessory, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File page 7 and 2 with the State Department of Funeral Directors.

Health or its designated agent, priar ta burial, crematian, or remaval, and in any

burrows Clementino GanTT JEWES EAWLE Clement , NE WASTE Chimberson Burn 14/3/60 mt Josephinel Meg thy have winds **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

-		1660			CERTIF	ICAIL	OF DEATE	1		10	CHO	
er death		LACE OF DEATH COUNTY	Anne Aru	ındel	MARY	LAND	2. USUAL RESIDEN o. STATE M	CE (Where deceas	ed lived, if institut b. COU	NTY	befare admission	
in any event, within 72 hours after death		write RURAL and	f autside carparate limit give neorest tawn) OOLIS		c. LENGTH OF STAY II	N 1b		rownsvil		RAL and give no	21	
72 7			AL OR INSTITUTION (If no				d. STREET ADDRESS				e. IS RESID ON A FA	DENCE ARM?
2	A	nne Arun	del General	Hospi			Binc - 140		als High		YES 🗌	NO 🗹
		NAME OF DECEASED Type or print)	Ernes		Middle <b>Gilbert</b>		ILLIAMS	4. DATE OF DEATH	Decemb	per		66
	S.		6. COLOR OR RACE	7. MARRIED			DATE OF BIRTH		. AGE (In years last birthday)	Manths D	EAR IF UNDER	24 HRS.
		ale	White	WIDOWED	DIVORCED	A	ug. 24,		66 yrs.	10 617175	THE OF LIVING	
	dur	latinost of working	(Give kind of work done ite even if retired)		ND OF BUSINESS OR DUSTRY	·T.	11. BIRTHPLACE (Co		reign country) Marylar	COLINI	N OF WHAT	
	13.	FATHER'S NAME	TOI	1			14. MOTHER'S MAIL	DEN NAME	1.1-1-			
	6	KNES	1 G. U	11661	AMS J.	R.	CORI	0/2	NI			
		s, na, ar unknawn)	R IN U.S. ARMED FORCES? (If yes give war ar dates o	of service)	SOCIAL SECURITY NO.	MR.	S. MARG	GARET	F, W	ILLIAA	45 #	2
		1B. CAUSE OF DE PART I. DEAT	ATH (Enter anly one cau H WAS CAUSED BY: IMMEDIATE CAUSE	10 1	(a), (b), and (c).)	el	still	2-4	i'ls	20	INTERVAL BET	
		260X	DUE	-	1 7		20				100	
		Conditions, if any, rise to immediat	(a) eause	(b) 1	about		11				6.7	
		stating the under		(c)								
	ATION	PART II. OTHER SI	ENIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT REL	ATED TO TH	E TERMINAL DISEASE	E CONDITION GIVE	N IN PART 1(a)		19. WAS AUTO PERFORMI YES	PSY ED? NO XIX X
	CERTIFICATION		UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	20%. DE	SCRIBE HOW INJURY OC	CURRED. (E	nter nature of injur	y in Part I or Par	I II of item 18.)			
	MEDICAL	20c. TIME OF INJU Hour o.r p.r	10	20d. If While at work			OF INJURY (Hame, y, street, affice bldg.		(City ar town)	(Count	y) (:	State)
		21. I certi	y that (1) (NEXESTEE)	Dec. 2	ded the deceased 8 19 <u>66</u> , a	fram and that	death accurred	, 1923 , t	a <u>Dec.</u> 2 1, fram causes			
		220. SGNATURE	ul mot	hip	ly	M.D.	ATTENDING PHYS.	5:30 PN MED. DIRECTOR	STAFF -	22b. DATE	SIGNED 25. C	16
/		22c. PHYSICIAN'S NAME (Type)	F.M	SHI	PLE	4	22d. ADDRESS 121 Ca	thedral	St., Ann	napolis	, Md.	
	1	BURIAL, CREMATIC REMOVAL (Specify	L 12-31	-1966	10 - //	TERY OR CI	N CER	1. GLE		RNIE/	F.ACo.	Mo.
9	24	FUNERAL DIRECTO	TAVLOR.	TORS 1	ADDRESS'	18/	10 DATE	JAN	25b. R 1967	EGISTRAR'S SIGN	ver Ju	age

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND

16602		CERTIFICAT	E OF DEATH	1	0004
1. PLACE OF DEATH 0. COUNTY AND 15	ARUNDEL	MARYLAND	2. USUAL RESIDENCE (W o. STATE	here deceosed lived, if institution b. COUN	on: Residence befare admission) TY  AVELE ARUAIDE
b. CITY OR TOWN (If outsid write RURAL and give no	e carporate limits.	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If aut	side corparate limits, write RUR	AL and give nearest town)
KURAL HIN	NAPOLIS		MURAL	HNNAPOL	18 02.1
BUWATE	NSTITUTION (If not in haspital, giv	ve street address)	d. STREET ADDRESS  BY U) A	TER RD	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First	E. WIL	LIAMS	4. DATE Month OF DEATH DEC	
S. SEX 6. COL	OR OR RACE 7. MARRIED [ HITE WIDOWED [	NEVER MARRIED DIVORCED	B. DATE OF BIRTH  2-13-189	9. AGE (In years associated ay)	IF UNDER 1 YEAR   IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give k during most of working life, eyes	ind of work done 10b. KIN	D OF BUSINESS OR JUSTRY	1-1-1-1-	State, or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	RES. H	IRCRA+T	14 MOTHER'S MAIDEN N	AMF,	4.2,17.
LEONARD	J. Wihhii	9MS	MAUDE-	LAWREN	ICF
1S. WAS DECEASED EVER IN U.S. (Yes, go or unknown) (If yes g	ARMED FORCES?  16. SO  16. SO  17. ARMED FORCES?	OCIAL SECURITY NO.	Suise H. W.	LLIAMS Addre	<sup>5</sup> 2
PART I. DEATH WAS	nter only one couse per line for ( CAUSED BY: MMEDIATE CAUSE (a)	a), (b), and (c).)	Carcenana	of bress	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which	DUE TO			1	
rise ta immediate cause	(a), ( DUE TO			100	
last.	(c)				
PART II. OTHER SIGNIFICAL	NT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO	) THE TERMINAL DISEASE (ON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDER OR CONTRIBUTING 🗆 CAUS	E OF DEATH	CRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in P	art I or Port II of item 1B.)	
20c. TIME OF INJURY Mo Hour o.m.	nth, Day, Year 20d. INJ While 19 at work	Not While for	LACE OF INJURY (Hame, farm, poctory, street, office bldg., etc.)	20f. (City or tawn)	(Coυnty) (Stote)
21. I certify tha	t (I) (this hospital) attende	ed the deceased fram_		62 to 12/	3 , 19 66 , that (I) (we) las
saw the decease	d alive an ///2	1966, and fr			and an the date stated above
Culeu	el leco	lucian	M.D. PHYS.	MED. STAFF PHYS.	12/3/66
/ 22c. PHYSICIAN'S NAME (Type)	ichard I. H	ochmann	22d. ADDRESS 59 Fran	iblust, 1	Junepoles, El
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF 12-6-66	23G NAME OF CEMETERY O	R CREMATORY 14	23d. LOCATION (City of Tov	vn) (Caunty) (State)
24. FUMERAL DIRECTOR	I - la	ADDRESS 1.		BY REGISTRAR 1966. REG	GISTRACS SIGNATURE Judge

Page 4 moy be retained by the haspital or ottending physician. VR A15 (4) 20 M 1/66

**10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires thot the deoth certificate be executed within 24 hours after deoth

Experience of the control of the con

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16603the funeral pages 1 and 2 rs after death. be executed within 24 hours after deoth 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o STATE o. COUNTY filled in by the fune papers. Pages I o thin 72 hours after d Late MARYLAND LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Suce, 936 e. IS RESIDENCE ON A FARM? OR INSTITUTION (If not in hospital, give street address d. STREET ADDRESS filled Durham 5 YES NO I completely fi 4. DATE Month 3. NAME OF First Middle Day Year Last DECEASED Rom 19 60 event, DEATH (Type or print) remove cor IF UNDER 1 YEAR IF LINDER 24 HRS 9. AGE (In years S. SEX DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED irthday) Hours ond in ony WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? please physician ( nen please during most of working life, even if retired) INDUSTRY a Nd OR ATTENDING PHYSICIAN: The law requires that the deoth certificate Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremotion, or removo JOHNSON WAS DECEASED EVER IN ILS. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates af service) INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the buriol-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Page 4 may be retoined by the hospitol or attending physician. DUE TO signed burial, Conditions, if any, which gave rise ta immediate couse (o), DUE TO stating the underlying cause os the hos been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) USe NO this certificate 5 20g. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II af item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 20d INITIRY OCCURRED (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year foctory, street, affice blda., etc.) Hour a.m. Not While ot wark at work After 21. I certify that H) (this hospital) attended the deceased from director, page 3 should should be filed with the and that death accurred at M. from couses and on the date stated above. O FUNERAL DIRECTOR: saw the deceased alive on. 24/66 22g. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S 2 owns rit NAME (Type) 23a. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23c. REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE 24 FUNERAL BIRECTOR 2So. REC'D BY REGISTRAR ADDRESS VR A15 (4)

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A STREAM CONTRACTOR STREET

Anne Arundel Co.  MARYLAND  Maryland  Anne Arundel  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)  Anne Arundel  Anne Arundel  Anne Arundel  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)  Annepolis  Anne Arundel  Anne Arundel  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)  Annepolis  Anne Arundel  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)  Rivier Beach  d. STRET ADDRESS  Anne Arundel  Rivier Beach  d. STRET ADDRESS  Anne Arund	16604	CERTIFICA	AND DESCRIPTION OF THE PARTY OF		MORE 1, MARYLAND				
ATTIME AT INCIDENT A COLOR OF RATE   Middle   Left Office   Left Office	PLACE OF DEATH		The state of the s						
b. CITY OR TOWN (If outlide corporate limits, write RURAL and give meants town)  Anapolis	Anne Arundel Co.	MARYLAND	SPAIN COMPANY AND ADDRESS OF THE PARTY OF TH						
Anne Arundel Gen. Hospital  Anne Arundel Gen. Hospital  Middle  Middle  Middle  Middle  Latt  Month  Day  Var  First  Middle  Latt  Month  Day  Month  Day  Var  Female  Mitte  White  White  Whow power pind)  ISAREL HENRIETTA ZINDEL  SEX  Female  Mitte  White  Whow power pind)  Month  Month  Death  John Color or Racel 7, Married  Divorced  Divorced  Divorced  Divorced  Divorced  Nov. 26, 1895  Tohn  Month	b. CITY OR TOWN (if outside corporate	limits, c. LENGTH OF STAY IN 1			write RURAL and give naerest town)				
Anne Arundel Gen. Hospital    April	Annapolisie	l hr.		a Beach	02,1				
Anne Arundel Gen, Hospital    NAME OF DECRASED   TISABEL   HENRIETTA   ZINDEL   No.	d. NAME OF HOSPITAL OR INSTITUTIO	ON (if not in hospital, give street address)			a. IS RÉSIDENC ON A FARM				
SEX STATES OF COLOR OR RACE 7. MARRIED INVESTMENT OF STATES OF BERTH 12 17 1966  SEX STATES OF S	Anne Arundel Gen	Hospital	8585 B						
SEX Female  6. COLOR OR RACE   7, MARRIED   NOV. 26, 1895 Female  White Widowed   DIVORCED   NOV. 26, 1895   N		First Middle	Last		Month Day Yaar				
Emale White widowis Divorced Nov. 26, 1895 71 yrs. Months Day Hours Min.  **B. USUAL OCCUPATION (Give kind of work 1 to the service) 105. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Gounty & Sinla, or foreign country) 12. CITIZEN OF WHAT COUNT HOusewiffer Revent of the service of the servi			DEL	DEATH	2 17 1966				
B. USUAL OCCUPATION (Give kind of work ind) make independent of the property o		7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In					
New York   U.S.			Nov. 26, 1895	71	Account Days troops training				
HOUSEWIFE FATHER'S MAME  Amedie Froustet  Address Amedie Froustet  WAS DECASSE EVERIN U.S. ARMED FORCES?  WAS DECASSE EVERIN U.S. ARMED FORCES?  To unknown (those spirawaror dates of service)  152-18-7628  Louis J. Zindel - same  152-18-7628  Louis J. Zindel - same  INTERVAL BETWEEN ONSET AND DEATH FOR THE CAUSE of PART I, DEATH WAS CAUSED BY:  IMMEDIATE CAUSE of MASSIVE MY CARDIAL TNFARCTION  DUE TO Conditions, if any, which gave rise to immediate cause (a.), staling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PERCOMED!  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PERCOMED! YES ON [If ETHER, NOTIFY MOTICAL EXAMINER]  206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR a.m. HOW A.M. H	a. USUAL OCCUPATION (Give kind of a	work 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Count	y & Stata, or foreign cou	intry) 12. CITIZEN OF WHAT COUNTR				
Amedie Froustet  MAS DECASTO EVER IN U.S. ARMED FORCES? NO  18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), and (c).]  PART I. DEATH MAS CAUSED 8%: MASSIVE MYOCARDIAL TNFARCTION  DUE TO  Conditions, if any, which gave rise to immediate cause [a), staling the underlying cause late in modelate cause [a), staling the underlying cause [as].  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPORT OR CONTRIBUTING TO ACCIDENT WAS UNDERLYING TO ACCIDENT ACCIDENT WAS UNDERLYING TO ACCI	Housewife		New Yor	k	U.S.				
MAS DECRASED EVERTIN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT  NO. 152-18-7628  Louis J. Zindel - same  16. CAUSE OF DEATH [Enter only one cause per line for [a], [b], and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MASSIVE MYO CARDIAL TNFARCTION  ONE CONTRIBUTIONS (b) ARTERIOSCLEROTIC HEART DISEASE  10 YRS  ON OUT TO Conditions, if any, which gave rise to immediate cause [a], stating the underlying (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART [a] 19. WAS AUTOPS PERFORMED? YES NO [a]  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART [a] 19. WAS AUTOPS PERFORMED? YES NO [a]  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART [a] 19. WAS AUTOPS PERFORMED? YES NO [a]  20a. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH OF HIT IN PART II of Itam 18.]  20c. TIME OF INJURY Month, Day, Year While SI WORK SI WIND SI WORK SI	FATHER'S NAME				3.00				
MAS DECRASED EVERTIN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT  NO. 152-18-7628  Louis J. Zindel - same  16. CAUSE OF DEATH [Enter only one cause per line for [a], [b], and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MASSIVE MYO CARDIAL TNFARCTION  ONE CONTRIBUTIONS (b) ARTERIOSCLEROTIC HEART DISEASE  10 YRS  ON OUT TO Conditions, if any, which gave rise to immediate cause [a], stating the underlying (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART [a] 19. WAS AUTOPS PERFORMED? YES NO [a]  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART [a] 19. WAS AUTOPS PERFORMED? YES NO [a]  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART [a] 19. WAS AUTOPS PERFORMED? YES NO [a]  20a. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH OF HIT IN PART II of Itam 18.]  20c. TIME OF INJURY Month, Day, Year While SI WORK SI WIND SI WORK SI	Amedie Froustet		Carr	ie Seihert					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MASSIVE MY OCARDIAL TNFARCTION  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PERFORMED?  YES NO [2]  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.]  20c. TIME OF INJURY MONTH, Day, Year Hour aim, 19 While all work at work 19 While all work at work 21. I certify that (I) (this baspital) altended the deceased from [2]  22c. PHYSICIAN'S NAME (Type)  ARTHUR LANKFORD, JR., M. D.  22d. ADDRESS NAME (Type)  ARTHUR LANKFORD, JR., M. D.  23d. LOCATION (City, town or county)  (State)  ATTENDING  PART II. OTHER SIGNIFICANT  (County)  (State)  ATTENDING  PHYS.  22d. LOCATION (City, town or county)  (State)  ATTENDING  PHYS.  23d. LOCATION (City, town or county)  (State)  ATTENDING  PHYS.  22d. ADDRESS  NAME (Type)  ARTHUR LANKFORD, JR., M. D.  22d. ADDRESS  ATTENDING  PHYS.  23d. LOCATION (City, town or county)  (State)  ATTENDING  PHYS.  22d. ADDRESS  PART II. DEC. 2 3 1966  CHEAPLE PHYS.  A. CO., Md.  25a. REC'D BY REGISTRAR'S SIGNATURE  LOCATION (City, town or county)  (State)  PART II. DEC. 2 3 1966  CHEAPLE PHYS.  A. CO., Md.  ADDRESS  LOCATION (City, town or county)  (State)  PART II. DEC. 2 3 1966  CHEAPLE PHYS.  LOCATION (City, town or county)  (State)  PART II. DEC. 2 3 1966  CHEAPLE PHYS.  LOCATION (City, town or county)  (State)  PART II. DEC. 2 3 1966  CHEAPLE PHYS.  LOCATION (City, town or county)  (State)  PART II. DEC. 2 3 1966  CHEAPLE PHYS.  LOCATION (City, town or county)  (State)  PART II. DEC. 2 3 1966  CHEAPLE PHYS.  LOCATION (City, town or county)  (State)  PART II. DEC. 2 3 1966  CHEAPLE PHYS.  LOCATION (City, town or county)  (State)  PART II. DEC. 2 3 1966  CHEAPLE PHYS.  LOCATION (City, town or county)	WAS DECEASED EVER IN U.S. ARMED				dress				
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Hour a.m.  p.m.  19  While at work at work fectory, streat, office bldg., atc.)  21. I certify that (I) (this hospital) attended the deceased from 6 1963, to 12-17 1966, that (I) (wa) I saw the deceased alive on 12-12 1966, and that death occured 160 AM, from the causes and on the date stated about 22e. SIGNATURE  CITUM Landsford J.  22c. PHYSICIAN'S NAME (Type) ARTHUR LANKFORD, JR., M. D.  22d. ADDRESS  NAME (Type) ARTHUR LANKFORD, JR., M. D.  2754 Mountain Rd., Pasadene md 21122  18e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)  Burial Dec. 21, 1966 Glen Haven Mem. Park Ritchie Hgwy., A.A.Co., Md.  350NERAL DIRECTOR'S STONATURE ADDRESS  25a. REC'D BY REGISTRAR'S SIGNATURE 4001 Ritchie Hgwy., Baltimore ATE DEC 2 3 1966 Florables Judge.	OR CONTRIBUTING CAUSE OF DEA	TH	KCD. (chief natura of injury in P.	en i or Pan II of Ham 16.	.)				
21. I certify that (I) (this bospital) attended the deceased from 6 1963, to 12-17 1966, that (I) (wa) I saw the deceased alive on 12-12 1966, and that death occured 160 M, from the causes and on the date stated about 22e. SIGNATURE CATLUS FORD, IR., M.D. ATTENDING MED. PHYS. DIRECTOR PHYS. 12-17-6  22d. ADDRESS  ARTHUR LANKFORD, JR., M.D. 2934 Mountain Rd., Pasadene, Md 2/1/22  3e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata)  REMOVAL (Spacify) Dec. 21, 1966 Glen Haven Mem. Park Ritchie Hgwy., A.A. Co., Md. ADDRESS  ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1000 RITCHIE Hgwy., Baltimorbate DEC 2 3 1966 Florables Judge.					(County) (Stata)				
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saw the deceased alive on	21. I certify that (I) (this ho	spital) attended the deceased from	m 6-1: 1	963, to 12-	17, 1966., that (1) (wa) la				
226. SIGNATURE  CITUM Landsford J.  M.D. PHYS. DIRECTOR PHYS. DIRE									
22c. PHYSICIAN'S NAME (Type)  ARTHUR LANKFORD, JR., M. D.  2954 Mountain Rd, Pasadene, Md 21122  18. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify)  Burial  Dec. 21, 1966  Glen Haven Mem. Park  Ritchie Hgwy., A.A.Co., Md.  Address  25a. REC'D BY REGISTRAR'S SIGNATURE  ADDRESS  LOCATION (City, town or county)  (Stata)  Ritchie Hgwy., A.A.Co., Md.  25a. REC'D BY REGISTRAR'S SIGNATURE  LOCATION (City, town or county)  Ritchie Hgwy., A.A.Co., Md.  Address  Location Ritchie Hgwy., Baltimorebate DEC 2 3 1966  Ritchie Hgwy., Baltimorebate DEC 2 3 1966					22b. DATE				
22d. ADDRESS NAME (Type)  ARTHUR LANKFORD, JR., M. D.  2934 Mountain Rd., Pasadene, Md 21122  18. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  REMOVAL (Spacify)  Burial Dec. 21, 1966 Glen Haven Mem. Park Ritchie Hgwy., A.A.Co., Md.  GONERAL DIRECTOR'S STGNATURE  ADDRESS  1966 Flowerley Judge.	arthur Laulst	ord h.	DUNG DI						
ARTHUR LANKFURU, JR., M. D. 2934 Mountain Rd., Vasadenc, Md 21122  18. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  18. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  18. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  18. BURIAL, CREMATION, City, 10wn or county) (Stata)  18. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  18. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  18. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  18. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  18. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  18. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  18. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  18. BURIAL, CREMATION, 23b. DATE THEREOF 25c. NAME OF CEMETERY OR CREMATORY  18. BURIAL, CREMATION, 25b. DATE THEREOF 25c. NAME OF CEMETERY OR CREMATORY  18. BURIAL, CREMATION, 25b. DATE THEREOF 25c. NAME OF CEMETERY OR CREMATORY  18. BURIAL, CREMATION, 25b. DATE THEREOF 25c. NAME OF CEMETERY OR CREMATORY  25c. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25c. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25c. REC'D BY REGISTRAR 2									
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MARYLAND STATE DEPARTMENT OF HEALTH

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